THE LANCET.

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LECTURES
ON THE
THEORY AND PRACTICE OF MEDICINE;
NOW IN COURSE OF DELIVERY AT THE
THEATRE OF ANATOMY AND MEDICINE,
WEBB-STREET, SOUTHWARK.
BY
MARSHALL HALL, M.D., F.R.S. L. & E.
&c., &c.

THE NERVOUS SYSTEM.—*Paraplegia and hemiplegia. Diseases of the cerebellum. Opinions of M. Serres. Cerebral affections arising from intestinal irritation. Exhaustion from loss of blood. Chlorosis; examples of fatal termination of this disease. Effects of mental and physical shock: delirium traumaticum. The effects of alcohol. Dropsies. Paralysis of the sentient nerves. Experiments on the nerves of taste. Further remarks on the croup-like convulsion.*

GENTLEMEN:—In a subsequent part of these observations, I shall have to treat very particularly of the condition of the lower limbs in *paraplegia:* before I proceed to the proper subject of this lecture, I must call your attention to a similar point, viz., the condition of the upper and lower extremity, but especially of the former, in *hemiplegia.* In hemiplegia we have to trace the effect of the passions, of continued *direct* excito-motory or spinal action, in the absence of the influences of volition, with the effects of certain remedies, as strychnine. In paraplegia, we are called upon to observe the influence of the *reflex* excito-motory power, through the medium of the incident, excitor nerves, the true spinal marrow, and the reflex motor nerves.

855. The *arm*, in hemiplegia, recovers much more slowly, much more imperfectly, than the leg. What is the rationale of this fact? In *old* cases of hemiplegia, the arm and hand become much contracted. What is the rationale of this phenomenon?

856. In the first place, I must remark, that the fact which I published in a former lecture, see § 290, has been confirmed by observation in a considerable number of patients. In one case of hemiplegia, of three years' duration, in a medical gentleman, the arm was extremely paralytic, the lower extremity less so: the arm was most susceptible of the galvanic influence, the leg less so; the limbs unaffected by paralysis least so of all.

857. I have already made some observations upon the seat and influence of *the emotions and passions* (§ 201—206), and upon the nature of *tone* in the muscular system (§ 197—200). I have only farther to observe upon these points, that in hemiplegia the passions are *seen* to act on the paralytic arm and leg, because their influence is uncontrolled by volition. The reason why the hemiplegic arm and hand become contracted, is, that the excito-motory principle of tone is continually acting—acting more forcibly upon the flexors, which have greater power than the extensors,—unmitigated by acts of of volition. The reason why the hemiplegic leg recovers its power of moving sooner than the arm, is that volition (the acts of which and not strychnine or galvanism, which act upon another *system*), is its natural *remedy.* The hemiplegic leg is continually moved, of necessity, recovers its voluntary power, and does not become contracted. The hemiplegic arm is left out of use, subjected to the constant influence of the direct excito-motory power, and so contracted.

858. Is not this an interesting view of the subject? And what do you think of the *philosophy* of giving strychnine, which acts on the true spinal, or excito-motory system and power—already too active—to *cure* hemiplegia, which is a disease of another power, seated in another system, the cerebral, the system of the volition? And what do you think of those *judges!* and *critics!* who have attempted to throw discredit upon the discovery which *alone* can explain all those things? Especially with what ineffable contempt must you look upon the recent coarse and malignant remarks in the "Medical Gazette;"—remarks which are disgraceful, by their ungentlemanly style, both to our *literature* and to our *profession.*

Surprised indeed should I be to see discovery originate in such minds. When persons write *anonymously*, especially, they should write truthfully and justly, and with *some degree* of urbanity.

859. But I proceed with my lecture. I must now make a very few remarks upon

VIII.—Diseases of the Cerebellum.

860. The experiments of M. Flourens, the experiments and clinical observations of M. Serres, and similar observations by M. Andral, are the principal sources of our knowledge upon this subject.

861. M. Flourens considers the cerebellum to be the organ of equilibrium in the movements of the animal frame, judging from experiments of the most interesting character.

862. M. Serres' opinion is that of Dr. Gall, founded upon new experiments and cases, that the cerebellum, and especially its median lobe, is the excitor of the genital organs. I think neither these experiments nor cases sufficiently *isolate* the cerebellum from the medulla oblongata. The median lobe of the cerebellum can scarcely be diseased without affecting the adjacent medulla. And the experiments seem also to have involved an injury of that part of the nervous system, as you may judge from the following extract:—

"In oxen, knocked down by a blow upon the occiput, I have found," says M. Serres, "the cerebellum torn in its superior part, in those in which the penis had presented during the experiment, decided occillatory movements.

863. "In a stallion whose leg had been crushed by a carriage, an amputating knife plunged into the median lobe of the cerebellum, as far as the upper part of the *medulla spinalis*, induced a very decided erection:

864. "But this result has especially been obtained since the publication of these facts by one of our most able experimentors, M. Segalas.

"865. "If, in a guinea pig," says this physiologist, "we lay bare the cerebrum, and plunge a probe into the cerebellum, *so as to arrive at the superior part of the spinal marrow*, we induce *erection;* if we then push the probe down the spinal canal, as far as the lumbar vertebræ, we induce *ejaculation*, whilst the bladder remains full as before. The same results are obtained, if, in a decapitated guinea-pig, the spinal marrow be destroyed in the same manner.

866. "This last experiment, which I have repeated, and the correctness of which any one may assure himself, proves two things: the first, that irritation of the *cerebellum (?)* induces erection; the second, that irritation of the inferior part of the spinal marrow induces erection, and that the latter acts especially on the secreting organs of the semen."—("Anatomie du Cerveau, t. ii., p. 605—606.)

M. Andral observes,—"In the 36 cases which we are analysing we have only thrice noticed the genital organs. In one case there was permanent erection of the penis. There was in *one* of these cases compression of the right lobe of the cerebellum, *and* on the medulla oblongata, by a tuberculous mass. The case was taken by Dr. Sorlin, and published in the "Thesis" of M. Léveillé.—("Op. cit. t. v. p. 736.)

867. The late Mr. Earle observed, in a note which I received from him, "I have never met with any case in which priapism took place, except when the *cervical* spine was the seat of the injury. Whenever the upper cervical vertebræ have been injured priapism has almost invariably occurred immediately after the injury."

868. Diseases of the cerebellum, when they induce paralysis, usually affect the *opposite* side of the body, and the inferior more than the superior extremities.

869. Convulsions are more frequent in diseases of the cerebellum than paralysis. They affect many parts, and resemble epilepsy, or only one part. There can be little doubt that it is the adjacent medulla oblongata which is really irritated so as to produce these phenomena.

870. In some instances there has been a loss of balance, such as occurs in intoxication.

Sometimes the sensibility has been affected,—exalted or impaired. In some cases there has been amaurosis.

871. Vomiting sometimes occurs as a prominent symptom, as in many other diseases of the encephalon. This, as well as the affections of the genital organs, is obviously a result of irritation of the medulla.

To convince you that diseases of the *median* lobe of the cerebellum must affect the medulla oblongata, I here present you with a sketch of a clot of blood which was poured out in the space between these two organs:—

a, cerebel.—*b* medul.—*c* clot.

872. The medulla oblongata being *suddenly* compressed, the respiration ceased, and the patient expired instantly. I am indebted for this interesting case to Mr. Kiernan. An organic change which would have produced irritation rather than pressure, would have induced a very different effect.

873. I now wish to draw your attention to a series of morbid affections which result from peculiar affections of the general system, or of various organs. They have been too much neglected by writers on diseases of the encephalon.

They may be designated—

CEREBRAL DISEASES RESULTING FROM VARIOUS AFFECTIONS OF THE SYSTEM;

and they may be arranged thus:—

I. *Intestinal irritation.*
II. *Exhaustion from loss of blood.*
III. *Chlorosis.*
IV. *Excessive study, shock, alcohol, &c.*
  a. *Delirium tremens,*
  b. *Delirium traumaticum.*
V. *Affections of the kidney.*
  a. *Dropsy.*
  b. *Diabetes.*
  c. *Other morbid affections of the urine.*
  d. *Ischuria.*

874. Several of these affections are not seen in hospitals; it is in private practice only that we become acquainted with them. They are, also, [illegible] writers on diseases [illegible] sible that you [illegible] ce without [illegible]

[illegible]

877. The [illegible] tongue loaded and swollen [illegible] morbid; but it would still be difficult to establish a distinct and confident diagnosis without the criterion afforded by the effect of bloodletting in the erect posture, of which I shall speak presently.

878. The first step to be taken in a doubtful case, is very slowly to administer an enema of from three to three and a half pints of warm water, and to examine the state of the fæces, and observe the effect upon the disease and upon the system. If there be scybala, if the symptoms be subdued, and especially if there be faintishness, the case is indubitably not cerebral inflammation, but intestinal irritation.

879. If the case still remain doubtful, prepare the arm, open a vein, and then place the patient upright, and let the blood flow until the lips become pallid; if the case be encephalitis, an extreme quantity of blood will flow, even thirty or forty ounces, or more, before there is any appearance of syncope; if it be intestinal irritation, syncope occurs before one-fourth of that quantity of blood has left the circulating system.

880. I have insisted so much upon the importance of a knowledge of this disease, and upon the nature of this diagnostic and guard against the undue and inefficient bloodletting, in several works, that I shall merely refer you to them for further information, which it would occupy me too long to repeat on this occasion.

881. This affection sometimes assumes a far less acute form. I met with such a case very recently; it had been mistaken for encephalitis. The patient slowly but perfectly recovered from attacks of vertigo, &c., by maintaining a regular state of the bowels, diet, rest, and afterwards of gentle exercise, change of air, &c.

II.—EXHAUSTION FROM LOSS OF BLOOD.

882. I must refer you to the same works for information on this important subject.

Throbbing, pain of some part of the head, a sense of pressure, as of an iron nail, of an iron hoop; intolerance of sound, of disturbance; sleeplessness; a state bordering on delirium; actual delirium, or even mania; some convulsive affection, perhaps epilepsy itself, are the affections which most frequently result from loss of blood.

In other cases there are amaurosis, deafness, paralysis, a state of dozing, or slight [illegible]ma,—the apoplexia ab inanitione.

883. There are some observations upon this subject in a recent volume of the "Medico-Chirurgical Transactions," by Sir B. Brodie; some time after an injury of the head it became doubtful whether the symptoms depended upon the original accident, or upon the treatment. The plan was changed, and the patient recovered. In the "Medical Gazette" there is an interesting case of *amaurosis* from loss of blood, by Professor Badham, of Glasgow, occurring in his own daughter. I believe there was much obscurity in the case until the Professor was shown my work upon the effects of loss of blood.

884. I have known such cases treated upon antiphlogistic principles, until there was the most imminent danger, when a change of plan has immediately induced a favourable change, and eventually restored the patient.

885. Gentle stimulants, such as small quantities of brandy, the carbonate of ammonia, chalybeates, and a mild animal diet, are the principal remedies in such cases.

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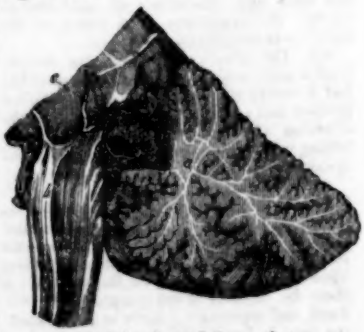

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  d. *Ischuria.*

874. Several of these affections are not seen in hospitals; it is in private practice only that we become acquainted with them. They are, also, almost neglected by writers on diseases of the brain; yet it is impossible that you should be prepared for practice without a due knowledge of these diseases.

I.—INTESTINAL IRRITATION.

875. The first of these affections consists of the irritation of indigestible food, scybala, or other morbid contents of the stomach, or bowels, excited into activity by some shock of the system, or of the nervous system, such as a fall, or other accident, parturition, &c.

876. The symptoms are, rigor, frequently severe heat of surface, and violent pain of the head, and intolerance of light and of sound; the symptoms, in a word, of the most acute encephalitis.

877. The breath is tainted, the tongue loaded and swollen, the secretions morbid; but it would still be difficult to establish a distinct and confident diagnosis without the criterion afforded by the effect of bloodletting in the erect posture, of which I shall speak presently.

878. The first step to be taken in a doubtful case, is very slowly to administer an enema of from three to three and a half pints of warm water, and to examine the state of the fæces, and observe the effect upon the disease and upon the system. If there be scybala, if the symptoms be subdued, and especially if there be faintishness, the case is indubitably not cerebral inflammation, but intestinal irritation.

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885. Gentle stimulants, such as small quantities of brandy, the carbonate of ammonia, chalybeates, and a mild animal diet, are the principal remedies in such cases.

886. I will conclude these brief remarks by observing, that the first series of symptoms are entirely cerebral; those observed late in the disease conjoin with cerebral symptoms, symptoms which belong to the true spinal system; the half-closed eyelid, a degree of stertor, an uncertain state of the sphincter, convulsion, are of this character. Eventually, in the very last stage, the ganglionic system suffers; mucus accumulates in the bronchia, and serum in the air-cells, and cellular substance of the lungs; and flatus distends the intestines.

887. After death effusion is found to have taken place under the arachnoid, at the surface and base of the brain, and into the ventricles; there is œdema of the lungs, the intestine, &c.

III.—On Chlorosis.

888. The influence of the state of bloodlessness which occurs in chlorosis, upon the encephalon, has not been duly noticed by practical writers; I shall, therefore, mention this subject a little more in detail than some others.

889. I have, within the last eight years, seen four cases of fatal chlorosis. The fatal event took place in one case suddenly; the patient was seized, quite unexpectedly, with the symptoms of dissolution, whilst sitting up for a few minutes in a chair, when in a state of apparent convalescence from a feverish cold, and speedily expired. In the second case a feverish cold led to the symptoms of a more gradual sinking. In the third, fever, cough, and aphthæ, followed parturition, and issued in the sinking state. The fourth and last case issued, in the most insidious manner, in a series of symptoms of an equally insidious sinking of the vital powers.

890. Of the second and third cases no post-mortem examination could be obtained. In reference to the first and last, and especially the last, I was more successful in my entreaties to obtain this satisfactory elucidation of the nature of disease.

891. Miss H***, aged eighteen, was well, with the exception of a little constipation, when she went to school at Boulogne, in 1828, aged thirteen.

892. She remained a year, and returned home. She went again in six weeks, and remained another year; and, during this year, the catamenia did not appear, and the bowels were constipated. On her return she looked pale, but she was stout, and grown, lively, and in good spirits.

A fortnight after her return, the catamenia appeared, but they were pale and scanty; the bowels were constipated.

She continued pretty well until July, 1833, when she became sallow, pale, affected with pain of the head, and shortness of breath, and coldness and dampness about her person; the catamenia gradually diminished in quantity and colour; the bowels were constipated, and she became fond of concealing and eating dry rice, coffee, and tea-leaves.

893. About a year ago the paleness was augmented, and the ankles began to swell; leeches were applied to the temples.

During the last summer the paleness augmented still further, and the œdema assumed the character of anasarca; the perspiration became offensive; the catamenia were scanty, pale, and yellowish, or greenish, and varying much in colour, but never red.

894. December 13, 1834.—I saw Miss H*** seven days ago; the countenance was pale, and slightly œdematous; the legs anasarcous; the head affected with mild delirium, with a degree of intolerance of light and noise; the breathing was hurried, and rather audible and rattling, with cough; the pulse 130, and throbbing; the abdomen tumid.

895. These symptoms continued; at first there was delirium, afterwards there were dozing and slight coma; afterwards the mind was clear; at length the coma returned; the respiration became momentarily suspended, and the inspiration sudden, and sometimes *catching;* the abdomen became decidedly tympanitic, with the escape of much flatus; the pulse continued at 130, and sometimes 140, with fullness and throbbing.

The strength gradually declined, and dissolution took place rather suddenly, after the free evacuation of the bowels.

896. On examination, there was effusion of serum and of opaque lymph under the arachnoid, at the summit and base of the brain; there was an effusion of six drachms of serum into each ventricle.

The summit of each lung was extremely pale, œdematous, and crepitant between the fingers; large portions of foaming lymph exuded from incisions made into them; the root of each lung was red, not crepitant, and sank in water; and, on making incisions, much fluid exuded without *foam*, or bubbles of air. The bronchia were injected; each cavity of the thorax contained five or six ounces of serum, and the pericardium one ounce; the heart was natural.

The viscera of the abdomen, except the ovaria, were natural, but pale; there was no effusion; the tympanitis had disappeared. The ovaria were large, and one of them contained a cyst replete with serum, of the size of a large walnut.

897. There was considerable adipose substance.

This case is important in every point of view. It is important in regard to the nature of the disease, of which it is an example, demonstrating, as it does, the tendency of that disease to induce, not merely external dropsy, but effusion under the arachnoid, and into the pleura, the pul-

monary cellular membrane, &c. It is important, too, as an unequivocal representation of the disposition to such organic changes in cases of bloodlessness and exhaustion. It is also important, as establishing the fact that not only serous effusion, but the deposit of coagulable lymph, may take place, without inflammatory action, in similar circumstances, and that, consequently, such deposit of lymph is no proof of inflammation.

898. In a recent fatal case of delirium tremens, serum was found effused under the arachnoid, and into the ventricles, whilst opaque lymph was deposited under that membrane. Similar appearances observed in chlorosis enable us to say that such an appearance cannot be adduced in proof of inflammatory action; for no one can imagine that the appearances which have been detailed, as observed in chlorosis, can be any other than the peculiar effects of this disease, or that the deposit of lymph under the arachnoid can depend upon any cause different from that which induced the effusion of serum under this membrane, and from the pleura, and the pulmonary and cutaneous cellular membranes.

899. I need scarcely add the remark, that chlorosis must not be viewed as totally free from danger. When anasarca has supervened to great pallor, there is the fear of effusion into the encephalon, and of a fatal result, which is sometimes of the most insidious, sometimes of the most sudden kind.

IV.—Of Shock, Mental and Physical.

900. The immediate result of shock on the general system, but especially on the cerebral system, is of the most interesting character.

The influence of *mental* shock is frequently a state bordering on delirium, or mania. Suicide is a frequent event at such a moment. There are a sense of weight, or pain, about the head, and sleeplessness. There is great danger of mistaking the symptoms for mere mental affliction; we ought to *treat* it as a serious malady The timely use of the lancet would have prevented many an act of suicide. But I will illustrate this point by a most interesting case:—

901. A. B——, aged forty, became ruined in character and fortune, and, when in the midst of his difficulties, experienced a sense of heaviness and pressure in the head, and passed sleepless nights. After several days he attempted suicide, by dividing the muscles and blood vessels of the arm deeply. He lost a large quantity of blood, and became faint. On recovering from this state he said to his medical friend,—"Had you bled me a few days ago I should not have done this act; my feelings are altered, and I regard suicide with abhorrence; had Sir Samuel Romilly been timely bled, he had still been alive." From this time all the symptoms subsided.

902. To the same *class* of affections, doubtless, belongs the nervous delirium, or *delirium traumaticum*, described by Dupuytren, as following serious accidents and operations.

903. There are sleeplessness, delirium, jactitation; the eyes are injected, the countenance flushed and animated; the forehead covered with profuse perspiration; the patient is insensible to the pain of his accident, or operation; there is no fever or constipation.

904. This affection is frequent after attempts at suicide.

The patient may fall asleep, awake composed and rational, relapse, &c. It is a short mania for five or six days; it is attended by great danger.

There are no distinct traces of morbid change on examination. The brain and spinal marrow are found apparently healthy.

The remedy recommended by Dupuytren is a small enema, with five or six drops of tinctura opii, repeated three or four times, at intervals of six hours.

V.—The Effects of Alcohol.

905. These cases are obviously allied to *delirium tremens*, the result of drinking spirituous liquors. In this case there are wakefulness, delirium, and tremor, singularly combined.

The symptoms of delirium tremens may occur during the habit of taking alcoholic liquors, or immediately after the wonted stimulus is withdrawn.

906. The first symptom is tremor; this leads to sleeplessness, and this to delirium; the delirium frequently consists in the imagined presence of objects, which the patient is anxious to seize or to avoid. The tongue is white; the breath tainted; the surface moist; the pulse becomes frequent.

In the advanced stage, the delirium may be replaced by coma, the tremor pass into subsultus tendinum, the evacuations become involuntary.

907. The attack of delirium tremens is very apt to recur. The first attack is rarely fatal, but a subsequent attack may terminate unfavourably.

The morbid appearances observed, usually after the second attack, are the effusion of serum into the ventricles, and of serum, and even of lymph, under the arachnoid.

908. I have known free bloodletting induce a degree of sinking, both in young and old, from which no means could restore the patient. Opium, with a strict attention to the diet, and to the secretions, constitutes the most efficacious remedy. It becomes a serious question whether any stimuli should be allowed,

909. There is an interesting fact in the "Précis d'Anatomie Pathologique" of M. Andral, t. ii., p. 770, illustrative of this latter question: A drunkard is cast into prison, and put upon prison diet, becomes affected with delirium, is allowed a certain portion of spirit and water, and immediately recovers.

910. The three affections which I have just briefly brought under your notice, highly merit your best attention.

I now pass on to two others of a very different character; the first of these is a cerebral affection, which is apt to occur in the course of some

VI.—Dropsies.

911. Dr. Wells, of *St. Thomas's Hospital*, was amongst the first to draw the attention of the profession to the frequent presence of albumen in the urine of patients affected with dropsies, preceded or unpreceded by scarlatina, in two most admirable papers published in the "Transactions of a Society for Promoting Medical and Surgical Knowledge," vol. iii., p. 167, and p. 147. Dr. Wells's observations have been amply confirmed by Dr. Blackall, Dr. Bright, &c.

912. In the midst of such a disease the patient is not unfrequently attacked with symptoms denoting a cerebral or true spinal affection. There are delirium, or coma, or convulsions, apoplexy, or meningitis.

913. I have already more than once alluded to such an affection in children. Dr. Wells mentions this affection, p. 177; Dr. Bright gives such a case in his "Medical Reports," vol. i., p. 97; there was, in this last case, "a slight serous effusion under the arachnoid." The subject is in need of renewed investigation.

In diabetes and other morbid states of the urine, cerebral affections are apt to supervene.

VII.—Ischuria.

914. The next disease to which I must refer you as intimately connected with the brain, is ischuria, or suppression of the urine, to which may be added other morbid conditions of this secretion, besides that marked by the presence of albumen. Dr. Prout, Dr. Abercrombie, and Dr. Wilson, have lately treated this subject.

915. There is frequently considerable disease of the kidneys. The suppression may be partial or complete; it leads to fever, thirst, a urinous taste in the mouth, and smell of the perspiration, nausea, vomiting, hiccup, delirium, coma, convulsions.

916. It was necessary that I should enter into these brief details; otherwise the sketch of my subject would have been incomplete. When the whole outline is filled up I flatter myself that it will present a work of great *practical* as well as scientific interest, and I trust that I shall be enabled to accomplish this before many years have passed away.

I now proceed to give you some account of the morbid affections of the cerebral nerves.

917. I now preceed to treat of the

Diseases of the Cerebral Nerves.

918. In treating of the diseases of the cerebral nerves I must beg you to refer to the arrangement of these nerves formerly laid before you, and especially to remember that they are divided into *sentient* and *voluntary*.

I.—On Paralysis of the Sentient Nerves.

919. In an interesting case of a tumour, found at the anterior part of the base of the brain, the *olfactory* and *optic* nerves were destroyed, and with them the sense of smell and vision.

920. The *optic* nerve may be subjected to compression or disease in any part of its course, from its origin to its termination in the retina itself. In one case a partial loss of vision coincided with strabismus, the defective eye being drawn inwards; in another, there were, at the same time, defective vision, and a spasmodic affection of the *seventh* of the same side.

921. Amaurosis may occur in affections of the brain; it is frequent in hydrocephalus; rare in paralysis; it occurs, as I have already stated, from extreme loss of blood.

922. I have already adverted to the difference between the case of paralysis of sensation of the face in hemiplegia, or from division of the *fifth* in a part of its course *exterior* to the cranium, and that arising from the division or diserganisation of this nerve *within* the cranium. In the first two cases the eye is unaffected; in the last, this organ gradually perishes, as I imagine, from the destruction of its ganglionic or nutritive nerve.

923. This extraordinary fact was first ascertained by M. Magendie in experiments; it was then observed in the human subject by M. Serres; it has since been witnessed by Dr. Alison, Mr. Stanley, and other observers.

924. In M. Serres case, the right eye and the right nostril were insensible; the left sensible; the gums scorbutic. On examination the origin of the *fifth* pair of nerves on the right side of the tuber annulare was found diseased.

925. Paralysis of the *fifth* pair, in its exterior course, was first distinctly pointed out by Signor Bellingeri, in Italy, and afterwards by Sir Charles Bell, in this country. The former of these writers has published a case, in his "Dissertatio Inauguralis," 1818, of paralysis, I think, of the *fifth* and of the *seventh* nerves. The precise nature of the case is not, however, certainly known, the patient having happily recovered.

926. The most interesting case of this

kind, which it has ever been my lot to witness, was that of Ruth Peters, aged sixty, who was repeatedly seen by my pupils during the last session; this person was taken with pain of the right temple, deafness of the right ear, partial paralysis of motion, and of sensation on the right side of the face, the right eyelid being only slightly depressed on attempting to shut the eyes, and the mouth being drawn to the opposite side. These symptoms continued, and in three months precisely similar events occurred on the left side, in a severer form, the mouth being drawn to the right.

927. These phenomena continued for a very considerable period. At length *this* portion of the bone fell upon the upper surface of the soft palate, and was eventually dislodged and rejected by the mouth. It proves to be a portion of the sphenoid bone. The appearance of this bone affords an explanation of the interesting series of phenomena observed in this case. There was disease of the base of the brain, which interfered with the functions of the *fifth*, the *seventh*, and the *eighth* pairs of nerves.

928. I need scarcely observe that the eighth, or auditory nerve, is liable to pressure or disease within the cranium, or within the ear, and that deafness is the consequence. Paralysis of the seventh, and of the eighth not unfrequently exist together, as in the case which I have just related; this *coincidence* leads us to the conclusion that there is some *internal* disease.

929. I must now draw your attention to the *ninth* or *glosso-pharyngeal* nerve. It has long been disputed whether the sense of taste be situated at the *tip* or at the *root* of the tongue. On this question another depends, viz., whether the nerve of taste be a branch of the *fifth*,—long termed the gustatory, or the *ninth* or glosso-pharyngeal, the former being distributed upon the tip, the latter upon the root of that organ. The celebrated Scarpa, in his splendid work on the nerves, has detailed some novel and interesting experiments, from which he concludes that the sense of taste is situated at the tip of the tongue. He observes,—

930. "It is abundantly proved, not merely by anatomy, but by experiments lately made on the human subject by Alex. Volta, Professor of Physics, that the sense of taste resides in the tip of the tongue, and in its margins, almost to the middle of its length; and that, beyond that part, as far as to the base of the tongue, there is either no sense of taste at all, or to a very feeble degree. He applied a plate of zinc to the tip or margins of the tongue, and a silver spoon to the back of that organ beyond the middle part; the handle of the spoon was then brought into contact with the zinc, when an exceedingly acid taste was immediately perceived in the tip or margin of the tongue, which continued so long as the metals were in contact; but there was no sense of taste in the base of the tongue. It must not, however, be supposed that silver is incapable of communicating the electric impulse, and stimulating the tongue; for, upon inverting the application of the metals, so that the silver be applied to the tip or the margins of the tongue, and the zinc to its base beyond the middle part, when they are brought into contact, an acrid, burning, bitter alkaline taste is perceived in the tip or margin, but none at all in the base, where the zinc is applied; hence it is evident that the principal and exquisite sense of taste is situated in the tip and anterior margins of the tongue, from its middle portion forwards, but that the rest of the base and the root possess merely the common sense of touch. By means of this very simple process any one can prove, by his own experience, that the acuteness of the sense of taste is proportionably diminished as the zinc or silver is removed from the tip and margins, towards the back and root of the tongue."

931. Dupuytren deduces the opposite conclusion, from experiments made by himself, with the view of an immediate application to a case of pathology:—

"He dissolved separately, in water, four substances of different flavour, viz., *sugar*, *sulphate of quinine*, *muriate of soda*, and *an acid*. These preparations being made, in order that the experiments might be conclusive, he commenced them upon healthy subjects. Some pupils submitted to them; the tongue being kept motionless, some drops of these substances were placed upon its point; scarcely any flavour was perceived; from which the professor concluded that they acted but little on this part; afterwards, the tongue being still kept motionless, sapid bodies were placed upon the middle and at the base of that organ; the different flavours were then perfectly perceived."

932. *Both* these authors conclude that the *fifth* is the nerve of taste. Dupuytren proves by experiment that the sense of taste resides at the *posterior* part of the tongue, it is well known to him that the *fifth* is distributed to the *anterior* part of that organ, still he concludes that the fifth is the nerve of taste. So difficult is it to free ourselves from preconceived opinions.

933. These questions have been very recently taken up by Professor Panizza. The interesting paper of that physiologist is given entire in the last number of the "Edinburgh Medical and Surgical Journal" (vol xlv., No. for January, 1836, p. 70), and to it I must refer you, briefly stating that the conclusions to which its author is led, are,—1, that the sense of taste resides towards the base of the tongue, in the filaments of the *ninth*, or glosso-pharyngeal; 2, that the sense of touch in the tongue resides near its point, in the filaments of the

fifth; and 3, that the *twelfth* is the true myo-glossal, or motor of the tongue.

934. The experiments of Professor Panizza appear to have been made with great care. An animal in which portions of both glosso-pharyngeals had been removed, would be of constant physiological interest.

935. It will be difficult to confirm or correct these views from experiment by clinical observations. The glosso-pharyngeal is double, and if one part were compressed by a tumour, or destroyed by disease, the other would still partially supply the sense of taste to the tongue.

936. There is an interesting case in point, however, in a note to the translation of Dr. Abercrombie's work, by M. Gendrin (ed. 2, p. 627), which is given in great detail, and which will be read with great interest. The nerve was atrophied by the pressure of a cyst. "The sensibility of the touch of the tongue was preserved along all its extent, the pain produced by the prick of a needle was felt over the whole surface of the atrophied half, as well as on the other half. Cold and heat produced, also, the same sensation upon each half of this organ. Sapid substances, hydrochlorate of soda, acetic acid, extract of colocynth, were successively applied to each half of the tongue; upon the atrophied half they occasioned a very indistinct sense of taste, which was not manifested till seven or eight minutes after their application; whilst, upon the non-atrophied portion, the sensation produced by the application of these bodies was felt acutely after one minute, or a minute and a half."

937. Lastly. The researches of Sir C. Bell, M. Magendie, Professor Müller, and Professor Panizza, have distinctly proved that the *posterior* column of the spinal marrow is formed by the sentient nerves. When this column alone is disorganised, the sense of touch alone is impaired.

938. The subject of affections of the *voluntary nerves* must be deferred to the next lecture. In concluding this, I wish to supply a deficiency in my account of the

Croup-like Convulsion.

939. Amongst other symptoms are frequently observed *bileless faeces*, and *morbid deposits* in the *urine*. That the excitor nerves may transfer their influence in dentition, in gastric crudities, in constipation, to the true spinal marrow, and thence to the branches of the pneumogastric nerve, may be regarded as proved. Now this nerve sends a branch precisely to the *liver* and to the *kidneys*. Through the medium of these branches the secretion, or the *excretion*, of the bile and urine may be impeded, and the events confirm the theory.

940. The *effects* are seen at the extremities of the *reflex* nerves; the *causes* and the *remedies*, act upon the commencements of the *incident* nerves. The true spinal marrow is the *key-stone* between these two arches.

941. In other instances, the pneumogastric is an incident nerve (for it is indubitably a *compound* nerve), and thus it is the *excitor* in vomiting from emetics swallowed, and in cases of hepatic and renal calculus.

N.B. I must observe that there is an error in the sketch given in my last lecture, § 154; the pneumogastric, on the right side, should have been *truncated*; it is represented as joining the phrenic.

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS;

NOW IN COURSE OF DELIVERY
AT THE
WINDMILL-STREET SCHOOL OF MEDICINE.
BY
GEORGE G. SIGMOND, M.D.

GOLD.—SILVER.

Gold.—*Early views of the chemists and alchemists; investigations respecting gold and its preparations; characteristics of gold; its value as a remedy in syphilitic diseases; combinations of gold and ammonia; the nitro-muriatic solution.* Silver.—*Action of nitric acid on silver; properties of the nitrate; its effect in cases of epilepsy; action of the nitrate of silver in discolouring the skin; examples; its efficacy in erysipelas and in leucorrhœa.*

Gentlemen:—Although, in a medical point of view, there may not be a great deal to interest us in the consideration of gold, yet the infinite advantages which mankind has derived from the labours of those who first investigated its properties, render it most interesting to the philosopher and to the man of science. From the smoke of the furnace, from the exhalations of the crucible, amid clouds of deception, which excited the scorn and contempt of the lovers of truth, has arisen a splendid science, which has contributed more largely to the happiness of society than all the other branches of knowledge.

The word chemistry, is, for the first time, found in a Greek writer, who is supposed to have lived during the reign of Alexius Comnenus, in the eleventh century; it is in the lexicon of Suidas, and the passage thus runs:—"Chemistry, the preparation of silver and gold, the books of which Dioclesian, having inquired for, burnt, on account of the new projects of the Egyptians against Dioclesian; these he treated cruelly and harshly, for he burnt the books written by the ancients upon the chemistry of gold and

silver, which he had inquired for, that no longer wealth might come to the Egyptians from this art, lest, encouraged by their wealth, they might be led to resist the Romans."

Various were the formulæ of potable gold, of golden tinctures, of elixirs, which were to give to man immortal life; the metal was the panacea, the universal remedy of the alchemical physicians. In the midst of delusions of the most extravagant kind, they laboured with an unwearied diligence, and an ardour which were ill repaid to them, but which have been sources of great blessings to mankind. Lord Bacon has justly compared the adepts to the husbandman, who, searching for an imaginary treasure, dug the soil and prepared it for the rich harvest. The alchemists looked upon gold as the purest, the most perfect, and the least changeable of metals; they represented it by a circle as an emblem of perfectibility; they compared it to the sun, and called it Sol; in the language of Geber, it was the sum of perfection. The Cabala, which directed Paracelsus in his therapeutics and materia medica, told him that gold was a specific against all diseases of the heart, because, in the mystic scale, it is in harmony with that viscus; still he was the first who expressly said the true use of chemistry was to prepare medicine and not to make gold, and he it was who declared that science indispensable to medical men, and who first showed the necessity of teaching it in our schools. The most celebrated of his followers was the son of a goldsmith, Leonhard Thurneysser, who is the original alchemist, who has laid the foundation of a story which has been made into novels, and has been dramatised under the name of the "Bottle Imp;" for he asserted that he had in his possession a devil, whom he carried about him, corked up in a bottle, and who was subservient to his commands; but this demon proved, eventually, to be a scorpion preserved in a bottle of oil. This man was appointed physician to one of the princes of Brandenberg, and cured his lady of a disease under which she had long laboured; probably, however, one of the avenues to the favour of the fair, was his knowledge of a most important branch of science to them, the power of preserving beauty; his cosmetics, and his Spanish white, were in the highest degree of reputation, as well as his medicinal preparations, which were not so disgusting as the Galenists prescribed. He was likewise highly skilled in a science once almost as much followed as Mesmerism, but now almost unknown, rhabdomancy, by which he pointed out the existence of great wealth in Brandenberg, which had before been unknown. He cured all diseases by the tincture of gold, potable gold, and the magistery of the sun. Then Joseph du Chesne, commonly called Quercetanus, who was physician to the great Henry of France, pointed out the virtues of gold; his materia medica is probably the most extraordinary that has been handed down to us. He looked upon salt as containing the greatest secret of Nature, and tells us that he who possesses sal generalis may draw potable gold from the three kingdoms of Nature; the Medical Faculty of Paris, however, opposed his views, and, by an extraordinary edict, forbad their fellows and licentiates from using any chemical medicine whatever. Aubert and Riolanus attacked Du Chesne, and Aubert affirmed that gold possessed no medical properties whatever.

Gutmann, of Swabia, Libavius of Halle, boasted of their potable gold, and, amid a thousand pompous narratives, they asserted its superiority over all other known remedies. It was some time before anything like rationality was to be found amongst the writers on gold; but at last, although there still breathed something of the old spirit of alchemy, a number of valuable treatises on gold, and some monographs, made their appearance. Glauber, Lemery, Boyle, Cassius, Helvetius, Kunckel, and, more lately, Bergmann, Scheele, and Bertholet, have made us acquainted with the properties of this attractive metal, of which it is said that no one can, even independent of association of ideas, look upon without some emotion. It is a fact on which Fourcroy has made some remarks, that, during a course of lectures on chemistry, as soon as a fine specimen of gold is placed before the spectators, they always exhibit signs of joy and satisfaction. Malouin remarked this fact whilst giving his course. It is certain, says Fourcroy, according to familiar and frequent experience, that a large surface of well burnished gold attracts the eyes of all, and excites, in those who view it, a sentiment of hilarity, a kind of pleasure, of which it is very difficult not to seize the impression when we attentively observe those who experience it. It cannot be doubted that this sentiment is natural, and indicates a real enjoyment.

The most remarkable characteristics of gold are its indestructibility, its density, and its ductility; this last property is very surprising, a single grain of gold has been drawn by a workman at Augsburg into a wire of five hundred feet, and a grain of gold, flattened into leaves, may cover an area of more than fourteen hundred square inches. It may be lengthened or beaten out in such a manner as to occupy 65,590 times the space which it formerly did. Its tenacity, too, is very great; a gold wire, one-tenth of an inch in diameter, will support a weight of five hundred pounds before it breaks. It melts at 32° of Wedgewood's pyrometer; it may be made to rise in vapour. Macquer has seen it rise in smoke between five and six feet in height, and actually

spontaneously gild, with great equality, a plate of silver. It has neither odour nor taste; it is translucent, and the light appears of a greenish blue colour.

It is in various states of combination highly poisonous, which probably has led to its being abandoned in medical practice by those who first praised it.

About the year 1540, Antoine Lecoque, a physician of Paris, acquired considerable reputation for the cure of syphilis, which he effected by the internal administration of gold; his example was followed by several individuals who have obtained a high character for practical knowledge; amongst these, Fallopius and Hoffmann are more particularly to be mentioned. It, however, was for the most part combined with mercury. Pitcairn, of Edinburgh, was the only one whose preparation consisted only of pure gold. Recently Dr. Chrestien, of Monpellier, has introduced a triple salt containing hydrochloric acid, gold, and salt, which seems, after all, to be but a revival of the idea of Duchene; but it is by friction on the tongue that its good effects are principally to be obtained. Dr. Le Grand, of Amiens, has written to prove the efficacy of gold in the treatment of recent and inveterate syphilis, and of syphilitic eruptions; and upon the inefficacy and danger of the administration of mercury in the treatment of the disease. He gives a list of 250 cases cured by himself or by other practitioners, and points out what he believes to be the deleterious agency of mercury; he contrasts the good effects of gold, and very earnestly recommends it to general notice. Dr. Benaben has furnished us with the result of his own practice, and speaks of the friction upon the tongue with the muriate of gold and salt, as an "elegant and efficacious means of curing the disease;" his cases are minutely detailed, and it appears that in the greater number of them profuse perspiration was induced. In this country it has occasionally been tried, and the following formula, which is not so strong as that of Dr. Chrestien, was recommended by Mr. Forster, in 1830. Dissolve thirty-six grains of pure gold in nitro-muriatic acid; evaporate and crystallise; dissolve the crystals of the chloride of gold obtained in pure water, add thirty grains of decrepitated chloride of soda, evaporate the solution, and crystallise. This salt is slightly deliquescent, and must, therefore, be kept in a stopped phial. The form of exhibition of this powder is, triturate a grain of this chloride of gold and sodium with half a drachm of sugar, and divide into twelve powders; one of these is to be placed on the tongue, and rubbed against the roof of the mouth until dissolved; the only immediate perceptible influence is upon the tongue and mouth, which become slightly discoloured. This remedy has likewise been employed for the cure of dropsy, and at the hospital at Breslau, it is the favourite remedy. Wendt has related some cases in which he found it very serviceable. The hydrochlorate of gold has been observed to produce bad effects; sometimes a profuse salivation has been the consequence of its administration, but not attended with the fœtor, or any of the sequelæ which have been usually the characteristics of mercurial salivation. If injected into the veins of a dog, even in very minute doses, it produces death, and the lungs are found so fully injected as to sink in water.

The singular compound obtained by precipitation of gold by ammonia, which has been called fulminating gold, has given rise to some cases of poisoning, to which Plenck and Hoffmann have both alluded. The first of these physicians states that it brings on severe griping; that the bowels become relaxed; that convulsions occur, and sometimes death. Hoffmann saw a case in which vomiting, great anxiety, and fainting preceded death. Few productions are more curious than this fulminating ammoniacal oxide of gold, which has excited the attention of many of the best of the chemists. The æthereal solution, or aurum potabile, once a great favourite, but now scarcely known, was made by mixing sulphuric ether with a solution of the muriate of gold.

The nitro-muriatic solution is very caustic and very astringent; it produces upon the cuticle a spot of a violet purple colour, which becomes brown by the contact of the air and the light, and does not disappear until the part is completely separated from the subjacent tissue; it was occasionally used as a caustic by the alchemists to whom it was known by the name of the red lion.

ARGENTUM—SILVER.

The internal administration of any preparation of silver but that which is formed by its union with nitric acid, has long been abandoned, although some of the older medical men occasionally prescribed it. The argentine hydragogue of Boyle and of Angelus Sala, is quite unknown to modern practitioners, nor do they trouble themselves about lunar tinctures, lunar bezoars, nor lunar pills, and even silver-covered pills no longer adorn the shops of the druggists, nor invite the attention of the gaping countrymen, who believed they were swallowing silver.

The alchemists called silver Luna and Diana, and they pursued some useless researches to form it; their operations, however, upon this metal were less numerous than upon the others. Modern chemists have, however, explained its properties, and have rendered it subservient to us in many different ways. It is marked by its lively brilliancy, its hardness, its ductility, and its sonorousness; the last of these characteristics is so striking, that the idea of a sil-

very sound, which nobody can precisely explain, always carries with it an impression of something that is peculiarly agreeable to the sense of hearing.

There is considerable obscurity, even though mineralogists have attempted to explain the errors that have arisen, as to the different ores of silver. Hauy distinguishes only native silver, antimoniated silver, the sulphuret of silver, and the muriate of silver; many of the best authors have followed his example, while others have classed, as ores of silver, all those that afford this metal, and hence considerable difficulty has arisen. I shall not enter upon this subject, nor upon the different combinations of silver, but merely direct your attention to its union with nitric acid, which, from a very early period, has been looked upon as the real solvent of silver. It is found upon the immersion of silver in nitric acid, at a certain degree of concentration, that an effervescence quickly occurs. Of this the different pharmacopœias have been made to prepare their peculiar salts, and that of London contains a formula which directs us to take of silver an ounce and a half, nitric acid a fluid ounce, distilled water two fluid ounces; mix the nitric acid with the water, and dissolve the silver in them in a sand bath; afterwards increase the heat gradually, that the nitrate of silver may be dried; liquefy this in a crucible, with a slow fire, until the water being expelled, ebullition has ceased; then immediately pour it into proper moulds. Of this a solution is ordered, under the name of liquor argenti nitratis, thus prepared:—Take of nitrate of silver a drachm, distilled water a fluid ounce, dissolve the nitrate of silver in the water, and strain; then the access of light being prevented, keep it in a well-closed vessel. The nitrate of silver is at first white, but upon exposure to the action of light it becomes black. It is completely soluble in water. The notes of the Pharmacopœia teach us that copper put into the solution precipitates silver; its other properties are detailed in the comments made upon silver, to which I can only at present refer you for information on the subject.

The nitric solution of silver has some very striking properties; it is excessively caustic; it has the power of rendering the skin, at first, of a very odd kind of purple, after which it becomes black; and this virtue is not confined to the skin, but to the greater number of animal substances, to which it is for any length of time applied; the nails and the hair both are liable to become tinged by it. In fact, some persons have availed themselves of this property to make dyes for gray hair and for gray eyebrows; and some lotions have been highly patronised on account of their power of giving the appearance of youth to those whose gray hairs would tell the truth. A great inconvenience has, however, been fel from the liability of the hair to become blue before it acquires the black colour, and many attempts have been unsuccessfully made to obviate this; besides which, if too great a quantity be employed, the hai. is likely to be softened, disorganised, and decomposed, and many an individual, anxious to be an Adonis, has lost the venerable appearance of gray hair, and acquired a dirty black hue of the skin, and a tendency to constant headach, from a want of due attention and prudence in the use of nitrate of silver.

An accidental circumstance, which is related in one of the volumes of the "Medical Transactions," is said to have led the way to the employment of nitrate of silver for the cure of epilepsy, in which disease, where properly administered, and under careful regulations, it is found to be highly serviceable. A gentleman, about forty-six years of age, who had from his infancy been subject to epileptic fits, and who was in the habit of introducing a crown-piece between his teeth to prevent the tongue from being bitten, accidentally received it in the œsophagus, from whence it was artificially passed into the stomach, as it was situated so low in the œsophagus that it could not be forced back again. The throat after this was inflamed, and very painful, for a long time attended with the utmost difficulty of swallowing. The patient's general health after this was much as usual, but his fits were observed to be not so violent or frequent as before. About nine months after the accident he brought up the crown-piece with vomiting, but without pain; from that time he enjoyed a perfect state of health, and he had no return of his epileptic fits. The crown-piece appeared black, and somewhat corroded, round one part of the edge and surface.

Nitrate of silver is particularly useful in epilepsy of very long standing, and will very often prove most efficacious after all other remedies have ceased to produce any influence. Many persons for a long time hesitated to employ this remedy, although Dr. Sims, Dr. Cappe, Dr. Wilson, Dr. Powel, Dr. Baillie, and others, highly recommended it, for fear that as it possessed such highly caustic powers, it might be injurious to the stomach; and, indeed, M. Georget, a French physician, pronounced it to be a dangerous medicine. The only grounds on which he founded his opinion of its deleterious power was, that he found very great and striking marks of disease in the stomach of a woman who had died in the *Salpetriere*, after having taken it for eighteen months previous to her admission into the hospital. This remedy may, however, be taken into the human stomach in large quantities with perfect safety, in doses of one or two grains, and this may be repeated three times in the

course of each day. It is to be remembered that the stomach will bear at least three times as much of this medicine in pills as it will in solution; and we are indebted to Dr. Powel for this observation. We learn from the "Medical Transactions," that when he began to give the nitrate of silver for epilepsy, he administered it in the form of pills, but he feared to proceed further than with doses of a single grain, in the solid state, lest he might produce mischief, and that it might act as a caustic in a concentrated form, he, therefore, prescribed it dissolved in aqua menthæ viridis, which best covers its nauseous taste, and which would, also, enable him better to graduate his dose, and allow him to increase or diminish it accordingly, as circumstances might arise; but he found that in some instances he could give the quantity of fifteen grains, in the form of pill, when the stomach would not bear more than five grains in solution. The safest plan is to make it into grain-pills, with crumb of bread, to which a little sugar should be added, to prevent the mass from becoming hard, and a single grain is the dose that should be commenced with, in preference to a smaller quantity; the frequent practice of giving only an eighth, or a quarter of a grain, is to be avoided. The small quantity is generally very inefficacious, besides which the stomach becomes habituated to it, before any marked impression is made. You will generally find that in the successful cases, in different writers, the dose has been at once a grain, which has been occasionally increased to six grains, three times a day, and this has been persevered in with the best results. In cases of dyspepsia, arising from loss of muscular power of the stomach, the nitrate of silver has been very strongly recommended, and the authority of Dr. James Johnson is quoted in its favour.

The great objection that is to be raised to the use of nitrate of silver is its becoming deposited in the rete mucosum, and giving a permanent dark blue colour to the skin of the patient on exposure to light. Dr. Albers, of Bremen, was the first who noticed this fact, which has been corroborated by subsequent experience, although it does not take place in every instance. The tongue and fauces become first bluish, and then gradually grow darker, till they appear quite black. The blue colour generally spreads all over the body, but is most intense in the face, and in the female the neck and those parts exposed to the action of the air and of light. Albers gives us an instance of this kind in a female thirty years of age, whose whole skin became black, mostly so on the face, the forepart of the neck, as far as the bosom, and the hands and nails. Whenever she held her arms in an erect posture, the blue colour was diminished, and even disappeared almost entirely. The tunica sclerotica was likewise much coloured. Dr. Wedemeyer, of Hanover, had a patient under his care who, after the use of the nitrate of silver for eighteen months, became of a black colour. She got rid of her epilepsy, but at a subsequent period died of diseased liver, accompanied by anasarca. On examination of her body, the plexus choroides was of a dark blue colour, and some of the viscera having been submitted to a chemical analysis, were found to contain a considerable quantity of silver. Dr. Roget, in the "Medical and Chirurgical Transactions," has narrated the case of a young lady who used this remedy in the form of pills, beginning with the dose of a grain, gradually increasing it till at last the quantity taken in twenty-four hours amounted to eighteen grains. In this quantity the medicine was continued, with occasional intermissions of ten days or a fortnight, for four or five months, and then, the disease becoming less violent, and at length altogether ceasing, was gradually left off by a diminution of the dose. Her general health improved under this treatment, and she was relieved from a variety of nervous affections, to which she had previously been subject. Some time after the remedy had been completely discontinued, she remarked that her tongue and fauces had acquired a very dark colour, as if stained with ink. This for a time increased, and afterwards somewhat diminished, but a considerable degree of blackness in those parts remained permanently fixed. About a year and a half after she began to take the nitrate of silver, and several months after she had entirely left it off, it was observed that the complexion was growing dark; this was first noticed about the eyes, but not particularly about the lips. This change gradually proceeded without any perceptible derangement of health, affecting equally the skin over the whole of the body. It attained its maximum in the course of a year, and at the end of six years, when the narrative appeared before the profession, it continued with nearly equal intensity. Dr. Vetch communicated to Dr. Cooke an account of an instance of the discolouration of the skin produced by nitrate of silver, which is in some respects singular and curious, and this he has related in his very interesting "Treatise on Nervous Diseases," in which you will find a great deal of valuable information upon the therapeutic agents in epilepsy. Dr. Vetch had a lady under his care who became, after a long continuance of this remedy, discoloured in the upper part of the body, whilst the colour of the lower part remained unaltered, and in both eyes the iris which was naturally of a black or deep brown, was changed to a light blue. It not unfrequently happens, and you should be aware of the fact, that in many instances the skin does not become discoloured until several months have elapsed, after the re-

medy has been entirely discontinued, and its effects have become visible upon the constitution, as relieving or curing the disease for which it was originally prescribed; hence, great caution is necessary in watching the slightest change in the appearance of the tongue and fauces.

Mr. Higginbotham, of Nottingham, has recommended the treatment of erysipelas by nitrate of silver; by making a line of demarcation around the diseased surface, the action is prevented from spreading, but this remedy need not be confined to bounding in the inflammation, but it may be immediately applied to the inflamed part without any fear of producing mischief; and this practice is now pretty generally pursued with very good results. In circumscribing the erysipelas care must be taken that a circle be drawn all around the portion of the diseased skin; if there be a breach of continuity it may cause the disease to spread. Mr. Higginbotham, in his first edition, called this remedy, as had previously been done, lunar caustic; but in his second edition he substitutes the term nitrate of silver, under an idea that the word caustic conveyed a false impression. In his preface he says, "I would correct a prevailing error in regard to the action of the nitrate of silver; it has been termed a caustic; this is altogether erroneous, it is the very reverse of a caustic. It is impossible to destroy any but the most superficial parts by the nitrate of silver; in this it differs widely from some other substances to which the name has been applied; I speak of it in its solid form." Instead of destroying, it frequently preserves parts which would inevitably slough but for the preservative powers of this remedy. He has given some cases of recent burns in which the nitrate of silver was successfully used; on slightly passing the nitrate once over a burnt surface the pain is increased for a short time, but then totally subsides, vesication appearing to be prevented, the black cuticle peels off in a few days leaving the part well. He recommends this remedy as a substitute for blisters, and thinks that it may supersede the use of the blistering fly.

Dr. Jewel, in the year 1829, published a paper in the "Medical and Physical Journal" on the use of nitrate of silver in leucorrhœa, and in the following year he gave to the profession a useful volume entitled "Practical Observations on Leucorrhœa, Fluor Albus, or Weakness; with Cases illustrative of a New Mode of Treatment," in this he strongly recommends the nitrate of silver, whether the disease proceeds from morbid sensibility, from congestion, or from irritation of the parts. He has, up to this period, persevered in the use of this remedy as an injection, and I have learnt from him that he still places the firmest reliance in its powers where no inflammatory action is going forward. The mode of applying it is either to conceal the caustic in a silver tube on the same principle of its application to strictures, or to use the solution of the nitrate in the proportion of three grains to the ounce of water, gradually increasing the strength; a bit of sponge firmly tied to a piece of whalebone moistened with this solution, is to be carefully introduced into the vagina up to the os uteri. As the pewter syringe, when employed where an injection is to be made, becomes decomposed by the action of the solution of nitrate of silver, Dr. Jewel has recommended a bone syringe, which has been made under his direction, and which is known under his name amongst the vendors of syringes, which is a much more serviceable instrument than the one that is in common use. The pathological view which he has taken of leucorrhœa has led him to the opinion that it is for the most part a disease of increased action, and not one of debility or relaxation, and under such circumstances he felt the propriety of employing this remedy; and he observes that he has scarcely ever found a strong solution to occasion much uneasiness or pain, certainly not more than is occasionally experienced during the use of the common astringents. He has likewise employed it with very great success in ulcerations of the cervix uteri; in such cases it is applied by the assistance of the speculum.

A strong solution of nitrate of silver has been employed by many surgeons during the first stage of gonorrhœa, and it has cured it almost instantaneously. An injection of ten or twelve grains to the ounce of water has been thus recommended; great pain is the immediate consequence, but the discharge has been altogether suppressed. Mr. Carmichael drew the attention of the profession to this subject, in his "Treatise on Venereal Disease," but he very judiciously remarks, that the practice is attended with considerable risk of exciting severe inflammation of the entire urethra and bladder, and all the immediate as well as the secondary train of evils attendant upon this calamity, that I have no hesitation in saying, that it is a practice that cannot be too strongly deprecated. It has since been, however, recommended, in one of the periodicals, by a surgeon who gave two instances of its success, and one of the failure of the injection in gleet. The valuable lectures of Dr. Wallace contain some very interesting remarks on the application of the nitrate of silver to the primary syphilitic ulcer; when the use of mercury is combined with this treatment, this latter drug has a tendency to retard the action of reparation excited by the caustic, hence an employment of the two, although circumstances may call for it, is rarely beneficial.

CASES OF DISTORTED FEET.

By J. LITTLE, *M.D., London.*

CASE II.*

TALIPES EQUINUS, ACQUISITUS?

Remote Cause: Paralysis of the Anterior Tibial Muscle.—Proximate Cause: Contraction of the Gastrocnemii and other True Flexors (vide note, p. 894, LANCET, vol. i., 1837-8), *from long-continued want of Antagonists.—Cure by Division of the Tendo Achillis.*

P. W., ætat. 14, of tall stature, healthy complexion, and robust habit. The mother states that her daughter was born perfectly sound, but that at the time when she ought to have walked well, at the age of two years, it was noticed that she did not use the right foot like other children, but "she dragged it upon the inside." In proportion as she has advanced in years and growth, her lameness has increased, the heel having been drawn up, so that for seven or eight years she has been unable to put it to the ground. Her mother does not recollect her having had convulsions or fits of any kind during the first two years of her life, or that dentition was particularly troublesome. She has always been of a constipated habit. She has had instruments of various kinds applied by different mechanists, the object of which was to overcome the contraction of the muscles of the calf, but without effect. At the present time her lameness consists of an inability, when she is walking, of putting more than the point of the foot to the ground (see *fig.* 3), the heel being drawn up between two and three inches; the weight of the body is consequently borne by the anterior extremities of the metatarsal bones; the integuments of this part are covered by a painful corn, particularly on the ball of the little toe, which shows that in walking the toe is disposed to twist a little inwards, so as to constitute an imperfect T. varus. There is very little deformity in the foot itself; the tarsal bones are rather prominent upon its outer side, and there is a striking expansion, laterally, of the front of the foot, upon which she has always trodden (not visible in the accompanying sketch), as the width of the under surface of the heel is only $2\frac{3}{4}$ inches, whilst that of the under surface of the front of the foot, measured across the metatarso-digital articulation, is $4\frac{3}{4}$ inches.

The latter circumstance, connected with the fact that all the toes appear of the same length, is worthy of mention as it is invariably present, to a greater or less extent, in certain talipedes, and does not arise solely from pressure upon that part of the foot. In such cases, after the cure has been accomplished, by division of the tendo Achillis, and the patients have walked about some time, this great breadth of the front of the foot diminishes considerably, and the toes, instead of appearing all of equal length, or, rather, instead of the small toes reaching as far forwards as the great toe, they all assume the natural relation towards one another, the great toe becoming the most prominent.

The leg is from half to three-quarters of an inch shorter than that of the opposite extremity; its muscles, although much smaller than natural, are less wasted than is often the case in talipes. When the front of the foot is pressed firmly upwards, the muscles upon the back of the leg yield a little, but the heel is again drawn up forcibly when the endeavour to bend the foot is desisted from. When the patient walks the heel is also involuntarily drawn higher up than when the limb is at rest. She possesses no voluntary power over the tibialis anticus, but by means of the peroneus she can draw the point of the foot outwards. She can act upon her gastrocnemii when she is sitting.

Aug. 16, 1837. Divided the tendo Achillis in the manner described, case 1 (p. 896), using, however, to-day a small, straight French bistoury, instead of a concave-edged knife. The retraction of the divided tendon was in this instance considerable, and accompanied by a loud snapping sound, which is usual if the gastrocnemii, before the operation, be not contracted to nearly their utmost possible extent, or if the ligaments of the anklejoint be not also contracted, or the articular surfaces deformed, so as to prevent the assistant who holds the foot from keeping the tendon extra-tense for the operator. The limb was put upon a splint and dressed, as in case 1; she complained of no pain, and, as well as her mother, was surprised that what had been done was the only operation she had to undergo.

18. Puncture completely healed; has not had the least pain. In answer to my inquiries, she states that she has frequent "catchings and tremblings" in the muscles of the calf and other muscles of the leg.

These "catchings," &c., which are almost always observable if the patient be interrogated, in order to ascertain the point, are purely local, and depend upon the fibres of the muscle, the belly of which has been relaxed by the section of its tendon, drawing themselves more and more closely together, and upon the disturbance of the state of some of the muscles, through the loss of their antagonist gastrocnemii.

Ordered to continue her ordinary meat and vegetable diet, and have half a pint of porter daily. Laxative draught occasionally.

On the 19th Stromeyer's foot-board was

* For case 1, see LANCET, vol. i., 1837-8, p. 894.

applied, and very slight extension, indeed, exercised, as the form of the astragalus and tibio-tarsal articulation being unaltered, and the ligaments being but slightly contracted, I expected that very little mechanical power would be necessary to bend the anklejoint to its fullest extent. On the 22nd (the sixth day) the report in my note-book is, "she has hitherto felt neither inconvenience nor pain from the wearing of the foot-board, or from the stretching of the divided part." The elevation of the toes was carried on gradually, until at the end of a fortnight the foot formed the natural angle with the leg, so that when she stood upright the entire sole and heel touched the ground, the patient having assisted in the obtainment of this desirable end, by walking about the room with the foot-board on.

The patient remained in my neighbourhood until the expiration of the fourth week, when she left me, to return to her abode, in a distant part of the metropolis, walking about perfectly well, with a ladies' common lace-up boot, stiffened upon the inside by a piece of whalebone. The only remains of her lameness was a slight limp, occasioned by the affected leg being three-quarters of an inch shorter than the other. As the period elapsed since the operation was so very short, she was directed to wear *at night* an instrument adapted for holding the foot, during sleep, in its natural position. I usually adopt this precaution, when a proper form has been rapidly given to a foot, to obviate the chance of any contraction taking place in the organised lymph connecting the two extremities of the severed tendon, the possibility of which must not be lost sight of, until that new lymph has become thoroughly organised, converted into a dense ligamentous, or fibro-cartilaginous band, and admitted into the rank of an integrant part of the body, capable of performing the function of original tendon. There is no necessity for the patient, in such a case as this, wearing any mechanical contrivance, with the same view, in the day-time, as walking is alone sufficient to keep the anklejoint in its newly-acquired natural position. Another advantage of such a patient wearing something at night, for a certain time, to retain the foot in its natural position, is, that all the tissues on the front of the leg and ankle, fasciæ, ligaments, and muscles, having been weakened by the constantly elongated state in which they have been held for years, by the contraction of the gastrocnemii, &c., have afforded to them an opportunity of gradually recovering, and ultimately adapting themselves to their required shorter state.

In the heading of this case I have assigned the remote cause of the lameness to have been paralysis of the tibialis anticus muscle (the long extensors of the toes and the peronei may also have been partially affected). That the diagnosis was correct is confirmed by the condition of the muscles of the leg, after the lameness was cured, described in the note taken fourteen weeks after the operation:—

Nov. 15, 1837. "Walks at present extremely well, and no one could form, from her gait, the idea that she had ever laboured under a lameness from contracted gastrocnemii, or even notice that she had had anything the matter with her feet. She walks still with a trifling limp, occasioned by the slight difference in the length of the two extremities; and it may be observed that she does not freely raise the front of the foot, but that to avoid touching any unevenness of the ground with her toes, she requires to elevate the knee somewhat more than is usual. On examining the foot it is found that she can voluntarily contract the gastrocnemii, and other muscles upon the back of the leg, and raise the heel, but that she has very little power over the tibialis anticus; *this muscle is even now almost completely paralysed*. She can extend the toes, and by means of the peronei raise the outer side of the foot and abduct it. She cannot, therefore, bend the ankle by the muscles proper to that action (although the joint is freely moveable in all directions by the hand), but when she is desired to try to bend the foot, abduction of it chiefly results, and the consequence of the peronei not being antagonised by the anterior tibial muscle is, that the inner ankle projects considerably. The deficiency of the tibialis anticus is, however, of little impediment in walking, as the lacing of the boot supplies

Fig. 3.

Sketch of P. W.'s foot before the operation. This figure will also illustrate the case detailed by G. Ray, Esq., in LANCET, July 15, 1837. His case was, in external aspect, very similar, although the rigidity of the ligaments of the joint and of the contracted gastrocnemii was much greater.

its place. The painful corns which she had formerly, corresponding to the anterior extremities of the metatarsal bones, are now quite gone, the pressure of the weight of the body being borne at present equally by the entire sole and heel."

I have since repeatedly seen this young woman, she informed me, Feb. 1, 1838, that she could walk six or seven miles with facility, without feeling any pain, or particular fatigue after it.

DEEP PENETRATION OF THE BRAIN BY A KNIFE.

RECOVERY.

To the Editor of THE LANCET.

SIR:—When I was in practice at Ledbury in Herefordshire, the case which is inclosed fell under my observation. I took notes of it at the time, but have lost them. I wrote to my nephew, Mr. William Selwyn Morris, who is now assistant-surgeon to the Ledbury Dispensary, to get the particulars, with the drawings, &c. He said that he had not yet been able to get the lad to sit for a drawing of the eye, countenance, &c., but he has forwarded a sketch of the knife. I am, Sir, yours, &c.

CONGREVE SELWYS, M.D.
Consulting Physician to the Ledbury Dispensary.

34, Clarence-square, Pittville,
Cheltenham,
February 28th, 1838.

William Bishop, living at Hill Farm, Bosbury, Herefordshire, aged four years at the time of the accident (Sept. 1821), was eating his dinner, his plate being on a kitchen-chair; near him was another chair; he placed a foot on a bar of each chair; the chairs receded from each other, in consequence of the motion given to them while his limbs were extended. He fell, and the knife entered in the following manner.

The father of the boy, at the time of the accident, told me that it required all his force to dislodge the knife from its situation. It was a common cheese-knife, about four and a quarter inches long in the blade, and averaging three-quarters of an inch broad. It entered in a direction nearly horizontal to the depth of three inches and a quarter, entering the right orbit, immediately beneath the superciliary ridge, and penetrating (through the posterior part of the orbital plate of the frontal bone) the substance of the brain, injuring in its course the optic nerve, and the levator palpebræ muscle, or the motor filament supplying it.* The hæmorrhage was very slight. After removal of the knife some portion of brain protruded; more was also discharged on the eighth day after the injury. He did not sleep for a fortnight after the accident, and was delirious during night. The treatment consisted in low diet; little or no *medical* treatment, and the application of strips of adhesive plaster to the wound, which was entirely healed in six weeks. There was never any exfoliation of bone.

The present state of the eye shows the globe to be sound and healthy in structure, though less prominent than the other. Its muscular actions are all correctly performed excepting that of the levator palpebræ superioris. The *vision is entirely lost* in that eye. The pupil is dilated, and wholly insensible to the stimulus of light.

As regards the present state of mind, all the senses are perfect, excepting the vision of the injured eye. The memory is very defective. He is incapable of applying to any pursuit requiring mental activity. His disposition is irritable, especially after indulging in liquor, or after any unusual stimulus. He has occasional pain on the injured side of the forehead, and has once since had typhus fever. His bodily health is now good, and he has the free use of the superior and inferior extremities.

* There is now ptosis, probably from paralysis of this muscle.

SINGULAR TUMOUR IN THE RECTUM, IMPEDING DELIVERY.

To the Editor of THE LANCET.

SIR:—The following extraordinary, I had almost said unique case, I submit for insertion in your extensively-circulated and very useful publication:—

I was called in on the 27th ult., at 8 o'clock, A.M., to attend Mrs. M. in labour with her fourth child. I understood from the nurse that the pains had been regular, but slow, during the night; and I proceeded to examine the vagina, when, on passing my finger, I felt a fullness of the posterior parietes of the vagina, resembling the distention produced by a loaded rectum, but firmer; the os uteri was dilated to the size of a half-crown, and the membranes presenting. I retired. On returning a few hours afterwards, I found the patient in the same condition. I waited some time, and finding her incapable of passing the urine, and the bladder being distended, I relieved it by the catheter, and prescribed an enema, but the patient being averse thereto had recourse to castor-oil, during my absence, which failed to operate. Circumstances remained in the same state until evening, when, on again examining for the purpose of ascertaining the progress the case was making, I felt the same apparent distention of the rectum, into which I was therefore induced to pass my finger, when, instead of hardened fæces, I discovered a solid body (filling the hollow of the sacrum) situated between the

rectum and vagina, and which was incompressible. I felt satisfied from its bulk, that parturition could not be accomplished by the natural efforts, and being uncertain of the composition of the tumour described, I determined to ascertain that point, and therefore went home to procure a hydrocele trocar, which (having previously drawn off the urine) I passed per rectum into the substance before described, and on withdrawing the stilette and finding nothing escape by the canula, I withdrew it, and on examining it saw a substance resembling cream filling the aperture, which clearly denoted the tumour to be of the melliceris kind; I therefore procured a larger trocar (such as is used for paracentesis abdominis) with which I repunctured the tumour, and on withdrawing the stilette a large quantity (about 8 oz.) of fluid escaped into a vessel, held for the purpose, which, within five minutes, became concrete, resembling honey in appearance, and within a quarter of an hour I had the pleasure of witnessing the birth of a very large female child by the natural efforts. The patient continued to do well, and on the tenth day after delivery I examined the vagina and rectum, and could not detect any trace of the tumour, nor has Mrs. M. experienced any inconvenience whatever from the operation. I should observe, also, that, with the exception of a very slight difficulty in evacuating the fæces, Mrs. M. had no symptom whatever of the existence of the tumour. This information was not elicited until after delivery. I have also preserved the contents of the tumour for the inspection of the curious. I am, Sir, your very obliged,

JOSEPH KISCH, Surgeon.

4, Broad-street Buildings.
March 19th, 1838.

PARALLEL PASSAGES BY MARSHALL HALL, M.D., &c.

To the Editor of THE LANCET.

SIR,—Your correspondent, at length, very naturally, wishes this discussion to be brought to a conclusion; and "a lame and impotent conclusion" it is.

May I now ask any one, who has attended to this matter, what PROOF has been adduced of "misrepresentations" (*Phil. Trans.*), of "decided misrepresentation," of "suppression of facts," of "statements not in strict accordance with facts"?—(*Lancet.*) Surely your correspondent will be a little more guarded in his accusations in future.

I leave this subject, by begging your readers attention to the following parallel passages:—

PARALLEL I.

Extract of a Letter from Mr. Newport to Dr. Marshall Hall, dated July 24, 1832.

"I am highly delighted and flattered at your *entrusting me* to make the important inquiries respecting insect respiration. I began them immediately, and they are still in progress, and am happy to say that everything yet observed agrees with your ideas of a low degree of respiration with a high one of muscular irritability, and also with the degree of respiration in the larva, or young state, being less than in the *imago*, or perfect one. The series of these observations I am noting very particularly in a separate book, and which, when you require it, will be entirely at your service."

Extract from a Note to Mr. Newport's Paper in the Phil. Trans. for 1837—p. 259.

"In submitting these observations on the temperature of insects to the Royal Society, I have felt myself imperatively called upon to make the above remark (viz. that the results of these observations on the temperature of bees, with many other facts connected with the physiology of insects, were communicated to Dr. Marshall Hall), in explanation of the nature of my supposed obligations to Dr. M. Hall, with regard to this and other subjects connected with the physiology of insects, in consequence of certain *misrepresentations* (!) which were made on *a recent occasion*,* respecting my communications with that gentleman."

Remark.

* The "recent occasion" alluded to was that of the *re-assembling* of a Committee of the Royal Society to *reconsider* the unfortunate award of the Royal Medal to this individual—the "MISTAKE," as it has been termed. *On that occasion, the letter in column* 1 *was sent, through one of the Committee*, without one word either of representation, or of "misrepresentation" from me. It is palpable, indeed, to every one, that, under such circumstances, such "misrepresentation" was IMPOSSIBLE—the *fact* contradicting the *insinuation*. This is the first time, I believe, that the 'Philosophical Transactions' have been made the arena of personal accusation.

Parallel II.

Paragraphs 15 *and* 16, *Lecture* 1.

"The abdominal nervous columns in the articulata have been generally regarded as analogous with what has been designated the cerebro-spinal axis of vertebrated animals. Lyonet and Treviranus had partially traced the *third*, or more central and ganglionic column, passing *over* the ganglia of the two peripheral columns; but to Professor Müller is due the merit of having first *traced* and *figured* the third column passing over the upper surface of the ganglia (in the scorpion) in the entire length of the nervous system; and to Prof. Grant that of having first distinctly assigned (in his Lectures in 1832) to this column its special *motor* function.

"This latter fact has been certified to me by a pupil who attended Prof. Grant's Lectures in that year, and who favoured me with a copy of his notes. The doctrine has been very awkwardly, very ungraciously, and very ungratefully published by another pupil, without acknowledgment of the source from whence it was derived."

Extracts from the Notes of Prof. Grant's Lectures in 1832, *by Dr. Baly and Mr. Storrar, Mr. Newport sitting beside them at the time.*

Dr. Baly writes:—

1. "Müller has found in the scorpion, on the side of the knotted cords a nerve passing down, having no connection, tapering towards the last ganglion, where it is removed with more difficulty," &c.

2. Dr. Baly gives a sketch with the pen of Professor Müller's drawing of this distinct third column.

3. "We have seen nerves apparently corresponding to the nerves of sensation, *with ganglia*, and the nerves of *motion without ganglia*. Also, nerves of vegetative life, thought to supply the office of the nervus vagus and sympathetic."

Mr. Storrar, who distinctly recollects Professor Muller's plate and paper, writes thus:

"——— Between the ganglia a nerve is seen passing down, which divides into two; *and we may consider those which do not pass through the ganglia as nerves of motion.*" "Dr. Müller, of Bonn, has observed in the scorpion a nerve passing down *on the outside of the ganglionic cord*, which tapers at the extremity, and is difficult to separate from the last ganglion, and it is thicker than both the other nervous cords put together; probably, he says, Treviranus has seen it," &c. "Now this is nothing more than we might expect, because it will be of uniform size, *as no* (?) *nerves enter it to produce ganglia.*"

Extracts from Mr. Newport's Papers in the Philosophical Transactions for 1834.

"It was during the early part of the summer of 1833, that I first had an opportunity of conversing with Sir C. Bell, respecting the nervous system of insects, when he suggested a closer examination of the cords than I had then made, to ascertain whether a double nervous column, one portion for sensation and the other for motion, exists in the *invertebrata*, as in the higher animals. He at the same time pointed out one of the *crustacea*, the lobster, as perhaps the most eligible for the inquiry. At that time, I had no hopes of succeeding in demonstrating the parts by dissection, although I believed they really did exist. In the month of August, after many dissections and examinations of the animal in its recent state, I began first to hope for success, and in the beginning of September completed a preparation of the nervous system of the lobster, that appeared to show the motor and sensitive columns." &c.—p. 409.

"The detection of a double spinal column in the lobster has since led me to examine more closely the nervous system of the scorpion, one of the *arachnida*. *Upon showing* my dissection of the lobster to Professor Grant, he directed my attention to a structure observed in the scorpion by Professor Müller, of Bonn, which *has been thought* to be the *motor* tract. This structure I had not at that time observed!!"—p. 408.

Let it be remembered that these passages relate *precisely* to the *original* questions under discussion,—to the unfounded charges of your correspondent,—the first in the "Philosophical Transactions," the second in your own Journal.

Your correspondent has taken great pains to prove what has never been questioned, and to introduce *new* questions to divert the attention of your readers from the *old*. He knows how to avoid difficult subjects; for instance, he says not one word on that of the *fac similes* from Lyonet. He asserts that he has not depicted a fourth nervous column; but he cannot deny that he has depicted "the motor surface of a ganglion (*a*), and motor (*b*), and involuntary tracts (*c*)."—*Phil. Trans.* for 1832, p. 423, pl. xviii., fig. 46. Well, it is this tract (*c*) to which my inquiry applied. This very column "to which the important and complicated function of respiration had been entirely consigned by Mr. Newport, has just been shown to him, by one of our students, to be a VENTRAL VEIN, returning blood to the heart."—*Prof. Grant, Lancet*, p. 900.

MARSHALL HALL.

14, Manchester-square, March 23, 1838.

P. S. I fear *all* the *anatomists* have been at fault in this matter of tract (*c*)!

THE LANCET.

London, Saturday, March 31*st*, 1838.

In the Poor-Law inquiry the medical witnesses may throw much light upon the pauper dietaries. Nor should medical practitioners deem these collateral questions, affecting the poor, out of their province. Set apart as guardians of the public health, they are bound to investigate the effects of bad and insufficient food,—a common cause of disease, constantly at work amongst the great masses of the population. Indeed, we feel convinced that where an opportunity occurs of observing a system of dietaries carried out on a large scale, and enforced by public authority, the result will be watched with solicitude. For the health of the poor, as well as the interests of society, is concerned, and the whole may be considered as a great physiological experiment, conducted at the public expense, in which physiologists have only to observe facts, and to deduce general results.

Prout, Thomson, Magendie, Tiedemann, Gmelin, Eberle, Mueller, and Schwann, have traced the chemical changes which food undergoes in digestion; and have, to a certain extent, completed the labours of their great predecessors. It is well established that free muriatic acid is always present in the stomach during digestion; and Eberle discovered a principle, called *pepsine*, which has the singular property of dissolving organic matter in a much higher degree than diluted acids. A solution of *pepsine* is obtained by steeping the mucous membrane of any animal's stomach in an acid solution; the solution dissolves coagulated albumen, muscular fibre, and all animal matter of this class. One grain of digestive matter dissolved in an experiment 100 grains of the coagulated white of egg, so that the *pepsine* acts by contact, like a ferment, or in the same manner as rennet, which, in the minutest quantity, coagulates milk.—*Müller's Archives*, 1836, *Heft* 1.

Animals live on organic matter; and Prout reduces the nutriment of all the higher animals to three classes:—(1.) The *saccharine*,—sugar, starch, gum, &c.; (2.) The *oleaginous*,—oil and fat, &c.; (3.) The *albuminous*,—animal substances, and vegetable gluten. Bodies of the saccharine class contain carbon, combined with oxygen and hydrogen, in the proportion to form water; the proportion of carbon varies, in different specimens, from 30 to 50 per cent. of their weight. The carbon makes 60 to 80 per cent. of oleaginous bodies; and, as the quantity of carbon may be fairly regarded as a measure of the nutritive property, fat and oil are esteemed exceedingly nutritious. By a wonderful provision of Nature, milk, the food of young animals, contains the three elements of food—sugar, butter, and casein (cheese).

The simple alimentary elements exist in different proportions in the various substances used for food; and different kinds of food are nutritious in proportion to the quantity of alimentary matter which they yield when exposed to digestive fluid. Saw-dust, although it contains the same elements as sugar, is not equally nutritious, and, from the same reason, tough meat is less nutritious than tender meat.

The human body consists of a great number of elements, contained in different proportions in different kinds of food. Different kinds of food are demanded, for the body is incessantly taking up or giving off all its organic elements, and vitality is suspended unless the supply of every element be equal to the demand. Magendie fed dogs on sugar, containing no nitrogen, and distilled water. The animals were in good spirits for the first week; in the second they grew thinner, and in the third lost flesh, strength, spirits, and appetite. The cornea ulcerated, and the humours of the eye escaped. Instead of eight ounces of sugar they took no more than three or four, and died, unable to crawl, in 31—34 days. Fed on gum, they died in the same manner; fed on olive-oil, they continued well for a fort-

night, but died in 36 days; the cornea did not ulcerate in these cases. TIEDEMANN and GMELIN confirmed MAGENDIE's researches. Of three geese fed separately on sugar, gum, and fecula (starch), the first died on the 22nd, the second on the 16th, the third on the 24th day. MAGENDIE ascribed death in these circumstances to the want of nitrogen; but other experiments show that the higher animals can scarcely live on any one kind of food. A goose lived only 46 days on coagulated white of egg. In these experiments it must be recollected that dogs will live from 25 to 36 days without meat or drink; and that all animals bear the privation of food for a certain number of days and weeks. When an animal has been fed on one kind of food, and reduced, it does not recover, though a natural varied diet be restored.

The form of the teeth, and the fact that mankind almost invariably take animal and vegetable food, speak plainly enough in favour of animal as well as vegetable diet. The mechanism of alimentation, and the quantity of food taken by a person in health, will be best understood by an example. We shall take the case of Dr. DALTON, given by himself, in the "Memoirs of the Manchester Philosophical Society." It was written in 1830; the experiments were performed 47 years ago, when the venerable philosopher was in the full vigour of life. As the average of 14 days, the following was the daily consumption of food:—

Oz.		Oz.
12	bread (.30) containing	3.6 carbon.
7	oat-cake and meal	1.8
4	pastry	1.0
9	potatoes	1.0
4	butcher's meat }	3.0
2	cheese }	
31	milk (.03)	0.92
22	tea and beer, a small fraction.	
91	Total daily	11¼

11¼ oz. of carbon entered the system daily; ¼ oz. of carbon escaped in 48½ oz. of urine, ½ oz. in 5 oz. of fæces daily, leaving 10½ oz. unaccounted for. From other experiments DALTON ascertained that he produced by breathing, in the space of 24 hours, 2.8 lbs. troy, of carbonic acid = containing 10½ oz. avoirdupois of carbon, making, with ¼ oz. exhaled by the skin, 10¾ oz. The aqueous vapour exhaled by the lungs was found to be 20½ oz. These excretions amounted to 84½ oz. daily, leaving, of 91 oz., 6½ oz. to escape in cutaneous perspiration. An ounce and a half of nitrogen taken every day in the cheese and butcher's meat, was ejected, with various salts, in the fæces and urine.

Six pounds of matter entered the system daily; five pounds were water, one pound was carbon and nitrogen; 1-18th passed off in fæces, one half in urine; the rest in insensible perspiration, 1-6th by the skin, 5-6ths by the lungs. Secretion is constantly going on; vapour is always exhaling; carbon is circulating and burning incessantly in the textures of the body; and man only lives so long as these chemical and physical changes take place. The steam-engine will not work without fuel; without food the human heart ceases to beat, the breast to heave, the muscles to contract, the brain to think.

To keep the living machine in motion, food is required in a given quantity; if withheld for a certain time, vital action ceases, never to recommence; and if supplied only to a limited extent, the intensity and mean duration of life are equally diminished. The kind and quantity of food on which life can be sustained for the longest time in the best health, are indicated by the appetite; and the quantity which all animals consume when the supply is unlimited, furnishes the best measure of their wants.

It is of great public importance to determine accurately the average amount of food that men require, and the extent to which health deteriorates and mortality increases with every degree of degradation in the dietary. Several observations exist, and several standards are adopted, in the public services; but a physiological problem of so much practical importance deserves full investigation. Of the kind and quantity of food actually consumed at different ages, by different classes and in different circumstances,

all over the country, medical practitioners may, with a little trouble, inform the Poor-Law Committee. Nor will it be impossible for them to trace out the connection of bad and insufficient diet with scrofula, dropsies, bowel complaints, fevers, and other forms of disease; or to determine how far diseases are induced, or rendered longer and more dangerous, by low diet. The great fatality of inflammations supervening in a reduced state of the system, has lately been firmly established by LOUIS. This did not, moreover, escape the Greeks, who studied diet with more assiduity than drugs. HIPPOCRATES, after laying down several dietetic principles, in his 5th Aphorism, adds,—*Δια τουτο ουν αι λεπται και ακριβιες ειαιται σφαλεραι εις τα πλειστα των μικρον αδροτερων*; —Hence low dietaries are more dangerous than rather full dietaries.

The English and French troops supply themselves with food; but lest they should reduce their strength by not procuring sufficient solid sustenance, each man is supplied with rations of bread and butcher's meat, at a low, fixed price. The military rations in England are 16 ounces of bread, and 16 ounces of beef or mutton, daily. In France, they are 8½ ounces of butcher's meat, and 26 ounces of bread. Vegetables, and other less important articles, they procure themselves. If one-fourth be taken from the meat for loss in cooking, the French rations will contain, according to DALTON's mode of calculation, 11 ounces of carbon; the English will lose 10.8 ounces; but the English soldier has 3 ounces of nitrogen in his meat. The workhouse dietaries vary considerably. The Dudley and City of London dietaries are instances, as will be observed in the following statements:—

DUDLEY UNION DIET TABLE FOR ABLE-BODIED MALE PAUPERS.

"On three days of every week:—21 oz. of bread, 3½ oz. of cheese, and 1½ pint of gruel, per diem.

"On one other day:—20 oz. of bread, 1½ oz. of cheese, 1½ pint of soup, and 1½ pint of gruel.

"On two other days:—5 oz. of cooked meat, 1 lb. of potatoes or other vegetables, 14 oz. of bread, 1½ oz. of cheese, and 1½ pint of gruel.

"On one other day:—4 oz. of bacon, 1 lb. of potatoes or other vegetables, 14 oz. of bread, 1½ oz. of cheese, and 1½ pint of gruel."

THE CITY OF LONDON UNION DIET TABLE FOR MALE ADULTS.

"On three days in the week, daily, 7 oz. of cooked meat, beef or mutton; ¾ lb. of vegetables, 1 lb. of bread, 2 oz. of cheese, ½ pint of milk porridge, a pint of beer at dinner and a pint at supper.

"On three other days (instead of meat), 1½ pint of soup (made on a good allowance of materials), and a single pint of beer. Other articles (except vegetables) the same as on the three former.

"On remaining day, instead of meat or soup, 1 lb. of suet pudding; or boiled rice, with milk and sugar; a pint of beer at dinner and a pint at supper. Other articles the same as the last mentioned three days."

The Dudley guardians declared the former dietary to be insufficient for the miners and forgemen in their district, and adopted the same dietary as the City of London. The Dudley dietary may be best examined in the subjoined form:—

	Weekly ounces.	Daily average	Carbon ounces.	Nitrogen ozs.
Bread.....	125	18	5.4	
Oatmeal (for gruel)....	14	2	.5	
Potatoes.....	48	7	.8	
Meat, bacon, cheese.....	29	4	2.0	1.0
	216	31	8.7	1.0

The Dudley dietary contains nearly 8¾ ounces of carbon, or three-fourths of the carbon in Dr. DALTON's diet and the military rations. The workhouse diet would furnish 75 per cent. of the ordinary quantity of carbonic acid formed in the human machine. When this matter was discussed, recently, in the House of Lords, the opinion of a physician was cited on the subject of the dietary; and Lord MELBOURNE met the arguments of the Bishop of EXETER by a denunciation, not only of this opinion in particular, but of medical opinions generally:—

"With respect to the case of Dudley itself," his lordship said, "he was not pre-

pared to go into a discussion of it. Thus much, however, he must say, that he had no great opinion of the views of medical men on a subject of this kind; their sentiments on a question of this nature were, in his judgment, the worst that could be attended to. A medical man was more conversant with a fit and proper diet for sick persons than for those who were in health, and everybody knew that even with reference to that, medical men differed very widely in their views and opinions, and in his (Viscount Melbourne's) judgment the best test for such a dietary was the test of experience."

If Lord MELBOURNE had said that the opinions of military or naval men in professional matters were contradictory, and of no value,—if he had used the same language with reference to lawyers, or parsons, twenty noble lords would have been on their legs in a moment to protest against the gratuitous attack. The Premier's sarcasm in the present case was unprovoked, and sure to meet with no retort; but was the statement just? CERVANTES narrates a story in which the governor of a certain island, seated at the dinner table, was highly incensed with one Dr. PEDRO POSITIVE, who waved a white wand, and motioned away every delicacy which his Excellency selected. Governor PANZA consigned the doctor forthwith to a dungeon, and addressed him (not his profession) in unmeasured terms of condemnation as a conspirator against his life. It is easy to conceive a Prime Minister under such circumstances, hard pressed and mortified, giving vent to the taunt ascribed to Lord MELBOURNE. But no doctor in the House of Lords attempted to place a restraint on the indulgence of the Premier's appetite, or to say that he should not have any morceau that he might fancy, from a truffle to a *rognon broché*. The only declaration made was, that the poor men in the workhouse of Dudley were not allowed sufficient food to sustain health,—a humane and timely announcement. Lord RADNOR is reported to have said, in the same debate, that—

"He could not at present compare the diet of a man in the workhouse with the diet of a man employed, in full labour, at Dudley; but he was prepared with a comparison between the diet a man received in the Dudley workhouse, and that of certain persons who had undergone sufferings of no ordinary kind. He (Lord Radnor) begged to contrast the diet which the Dudley men in the workhouse consumed with that which had been consumed by an adventurous body of men who had been subjected to much heavier labours—he alluded to the crew of Captain Parry in their expedition to the North Pole. Each man in that expedition, *in the most inclement season*, and at the highest latitude they had reached, had less food by several ounces than the Dudley paupers; even the female pauper in Dudley workhouse had 20 per cent. more solid food a week than each man received in that northern expedition, commanded by Captain Parry. He (Lord Radnor) could not but consider the complaint contained in the petition perfectly groundless."

The "Voyages" of Captain PARRY are fraught with interesting physiological facts, and in all the voyages that he made, the subject of food received especial attention. Captain PARRY, in his published works, dwells on the unbounded liberality with which all the supplies were furnished by the Government for his crew.

Lord RADNOR refers to the short period of 61 days spent in the boats and on the ice, in the *inclement season*, extending from June 22, to August 21, 1827. Twenty-eight men, including Captain PARRY, attempted to approach the North Pole; they had to carry their provisions; the least possible quantity was taken; it was a *tour de force*, made by strong, hardy-bodied men. Provision was taken for seventy-one days. The daily allowance for each man was biscuit, made by Mr. LEMANN, 10 oz.; beef pemmican, 9 oz.; sweetened cocoa powder, 1 oz.; rum, 1 gill; with 3 oz. of tobacco weekly. Pemmican is made by drying thin slices of meat over the smoke of wood fires; pounding it, and then mixing it with nearly an equal weight of its own fat. An excellent thing is that pemmican. It contains a large proportion of nutriment in a small compass. The 21 oz. contained little less than 11 oz. of carbon, besides 2 oz. of nitrogen, without taking into account the carbon in a gill of concentrated rum. Five pounds of flour will scarcely make 5 lbs. of biscuit, while it will make 7 lbs. of common bread. In Lord RADNOR's calculation, biscuit is con-

founded with bread, and pemmican with potatoes. The allowance, however, on this short expedition, was found to be insufficient, as will be seen in the following extracts from the journal of the voyage :—

"June 22nd. The expedition started.

"July 6th. We served out an extra ounce of bread, and one of pemmican for supper; an addition to the allowance, which we were frequently obliged to make afterwards, to prevent our going to bed hungry."—P. 74.

The travellers met with several helps by the way.

"July 9th. We again allowed ourselves a hot supper, having shot eight or nine birds since our last."

This only whetted the general hunger, and when a bear appeared on the 1st of August, his flesh was prospectively consigned to the cooking kettle. The prospect was, however, clouded by Bruin's escape. Not so always :—

"August 7th. A fat she-bear crossed over a lane of water to visit us, and was killed by Lieutenant Ross. Before the animal had done biting the snow, one of the men was alongside of Bruin, with an open knife, and, being asked what he was about to do, replied, that he was going to cut out his heart and liver to put into the pot, which happened to be then boiling for our supper. In short, before the bear had been dead an hour, all of us were employed, to our great satisfaction, in discussing the merits, not only of the said heart and liver, but a pound, per man, of the flesh; *besides which, some or other of the men were constantly frying steaks during the whole of the day*, over a large fire made of the blubber."

We beg the reader to glance, with Lord RADNOR, from "this adventurous body of men" to the Dudley workhouse, where forgemen are, or were, luxuriating on 18 oz. of bread, 7 oz. of potatoes, and 4 oz. of hard cheese, meat, or bacon, with water-gruel, daily :—

"Notwithstanding these excesses at first, we were really thankful for this additional supply of meat; *for we had observed, for some time past, that the men were evidently not so strong as before, and would be the better for more sustenance.*"—P 115.

"August 10th. Another bear came towards the boats, and was killed. We were now so abundantly supplied with meat, that the men would have again eaten immediately, had not the necessary authority interposed to prevent them. As it was, our encampment became so like an Esquimaux establishment, that we were obliged to shift our place, in the course of the day, for the sake of cleanliness and comfort."—P. 117.

"August 11th. We quitted the ice after having taken up our abode upon it forty-eight days.

"August 21st. We were received on board after sixty-one days' (not seventy-one) absence."

As in the experiments, so here, the men did not immediately recover when the supply of food was abundant.

"We had all become, in a certain degree, gradually weaker for some time past; but only three men of our party now required medical care, two of them *with badly swelled legs, and general debility*, and the other from a bruise."

On Monday last Lord RADNOR stated, in the House of Lords, that a number of paupers in the Dudley workhouse fell sick, and that a suspicion arose that the illness was simply dyspepsia, caused by overfeeding!!

IN THE LANCET of November 18, 1837, a report was published, at p. 278, containing a description of the treatment to which two paupers had been subjected in the Kington Union, in the county of Hereford, by one of the medical officers of the Poor-Law Commissioners in that district. Afterwards a letter was published in THE LANCET, from the solicitor of the accused party, wherein it was alleged that the report was wholly false. When we gave insertion to that letter, it was promised that our readers should be made acquainted with the result of the investigation, whether it might be conducted wholly in private, or receive a full inquiry in a court of justice. The unfortunate plaintiff, determined to exhibit as little of discretion in his general conduct as he had displayed in his professional treatment of his two unhappy pauper patients, proceeded in an action for libel against us, and the cause was brought to trial, at Hereford, on Monday last, the 26th inst., whereupon MERRICK was awarded, by a jury consisting of his neighbours, *One Farthing damages*, and if even that farthing were given as compensation to which MERRICK was entitled, for the loss of any portion of *his* reputation, we

are of opinion it was singularly ill bestowed. We shall endeavour to insert a brief report of the trial in the next LANCET. The whole affair is pregnant with interest. Quite certain are we, that the respectable medical officers of the Unions throughout England and Wales, will rejoice at the issue of this trial, and concur with us in congratulating the profession on the defeat and exposure which MERRICK has experienced. Once more do we exclaim to the Poor-Law Commissioners,—BEWARE OF MEDICAL ADVENTURERS!

IRISH MEDICAL CHARITIES BILL.

PROCEEDINGS OF PARTIES IN DUBLIN.—UNION OF THE LONDON, DUBLIN, AND EDINBURGH COLLEGES OF SURGEONS.

To the Editor of THE LANCET.

SIR:—Within the last two months I have addressed you upon two important subjects, which deeply interest the medical profession in Ireland. My first letter comprised a biographical sketch of the "Irish Infirmary Question," as we call it, in our little Medico-Chirurgical Parliaments. The second related chiefly to a certain morbid affection expressed by the term "Pharmacopoliophobia," which has lately produced great alarm amongst the school party at the *Dublin College of Surgeons*, and which that party has adopted the most active, although perhaps not the most judicious or effectual means to suppress. Judging from the circumstances which have transpired since the publication of these letters, I feel that I owe a debt of gratitude to you for their insertion in THE LANCET.

Since the publication of my first letter, the promised "Irish Medical Charities Bill" has been introduced to public notice, and I am happy to perceive that, in many respects, it differs from the Bill of last year, so effectually denounced in THE LANCET. To your uncompromising hostility to that Bill may be fairly attributed the less objectionable principle of the present measure. But, Sir, in order that the present Bill may become useful, the pruning-knife must be applied in Committee with rather an unsparing, though a skilful hand.

I have read with pleasure your strictures on the "*seven unpaid Commissioners*," and I would take the liberty of suggesting, that instead of *seven* Commissioners, the contemplated Board should consist of only five members, three of these to be, *ex officio*, representatives of the three branches of the profession, and with the understanding that they would be changed annually. The officers to which I allude are the President of the *College of Physicians*, the President of the *College of Surgeons*, and the Governor of the *Apothecaries' Hall*. The other two should be a physician and surgeon of character and experience, who are not engaged either in hospital practice or teaching; these *two* ought to be well paid, and held responsible for the faithful discharge of the duties of their office.

I will now, Sir, refer to the 16th and 17th clauses of the present Bill, which, I am credibly informed, were introduced and dictated by certain members of the *Dublin College of Surgeons*, whose delicacy would not be offended by the charge of monopoly, and who would have no objection to place and patronage.

Sir, I assert, that these clauses, as well as the one which specifies the nature and composition of the intended Board of Control, are the offspring of certain individuals who have obtained a bad eminence in the *Dublin College of Surgeons*, and zealously turn the influence of their mischievous position to the best account as regards their views of self-interest, with a total disregard to principle and public opinion, or the welfare of the institution which they are by duty bound to support, "as far as in them lies." These clauses, whilst their framers affect by their adoption to open the county infirmaries in Ireland to the members of the London and Edinburgh Colleges of Surgeons, would, in reality, if carried, not only continue to exclude them from these institutions, but also deprive them of their chance of being *hereafter* appointed to any dispensary, lunatic asylum, &c. &c., inasmuch as neither the curricula of education prescribed by the London and Edinburgh Colleges of Surgeons accord with the form and extent of education and examination laid down in the present Bill as the *sine qua non* of eligibility to any and every medical charity in Ireland! Had this unworthy trick of the monopolists of the Dublin College not been detected and exposed in time, as well as their absurd clamour about procuring an Act from the Legislature enabling them to grant degrees in pharmacy to such persons as might hereafter take out their diplomas in *their* College, the members of the London and Edinburgh Colleges, resident in Ireland, would, in all probability, be consigned at no distant period to an obscurity of which they never dreamt, and have the indelible stain of ignorance intimately associated with their professional attainments. But, Sir, the attempt to deceive the unwary has been too shallow, as the students at present in Dublin attending lectures, hospitals, &c. &c., but who mean to take out their diplomas in the British Colleges of Surgeons, have proved in the strong resolutions and petition forwarded

to you, the latter for presentation in the House of Commons. On the other hand, the students who intend taking out their diplomas in the Dublin College, feel strongly that the Bill, should it pass in its present shape, would favour their interests, by adding to the monopoly of the county infirmaries, already enjoyed by the members and licentiates of their College, the monopoly of the dispensaries, the lunatic asylums, and all the other medical charities in Ireland. This state of excitement amongst medical students, regarding the provisions of an Act of Parliament, was new, remarkable, and attracted much attention. At this stage of things, a report became prevalent in Dublin, that the London and Edinburgh Colleges of Surgeons were determined to resist to the utmost the monopolising clauses of the Bill; the Stephen's-Green intriguers plainly perceiving that the intended secret had transpired with a vengeance,—and, to use an Irishism, that "the cat had got out at both sides of the bag,"—became awfully alarmed for the safe passage of a Bill through Parliament, which promised to them the bright prospect of a fair share of no less than *twelve places*, viz., those of "seven commissioners" and "five inspectors." Matters being now desperate, speculation ran high among the hungry expectants, and secrecy was out of the question. The Bill, they said, would not be allowed to pass in its present form; consequently, there would be no places if they did not give up the 16th clause, and conciliate, at any sacrifice to the Dublin College (alas! the beloved and betrayed!) the London and Edinburgh Colleges of Surgeons. Well, a meeting of the *privy council* was convened, and the result of their deliberations was, that a suitable ambassador should forthwith proceed to London to propitiate the Council of the London College, and ascertain upon what terms they would relinquish their opposition to the Bill. All this was done, not by a vote of the College, but by some individual members of that body, who imagine that in the event of the Bill's passing in the present session, the Lord Lieutenant, whom they have recently, at the sacrifice of their avowed political principles, and the enormous expense of some castle dresses, taken so much pains to compliment, would not forget them when dispensing the good things which it would bring. How far the delegate succeeded with the London College I pretend not to know; but the indiscretion of conduct towards the editor of the "Medical Gazette," in a certain transaction, which for the present must be nameless, does not argue that his talent for diplomacy is of the very first order. Had this inexperienced official adopted the prudent rule of the Irish ambassador in the play, Sir Patrick O'Plenipo, of fulfilling the important duties of his station, by simply "looking wise, shaking his head, and saying nothing," he and his party would not have been obliged to submit to an investigation in which he will come off only second best. You will excuse me for not mentioning at present the name of the unfortunate greenhorn, as his conduct in London is to be made a subject of inquiry before the College of Surgeons here, whose authority, it is said, he assumed, with a view to impress those with whom he communicated with the importance of his clandestine mission. Well, Sir, the "beardless ambassador" came home to his friends, greatly pleased with the "wonderful sights" which he had seen on the other side of the channel, and flushed with glory at the result of his negociations with *some* of the heads of the London College of Surgeons, who, we are told, "received him very politely, and listened to his remarks on the present distracted state of the profession in these countries with breathless attention, and showed a great disposition to be on good terms with their brethren of the Dublin College; and even *two* of them, Mr. Guthrie and Mr. Keate, expressed their willingness to allow the Irish Medical Charities Bill to pass, provided the British and Irish Colleges would first agree amongst themselves upon conditions of assimilation." A statement of this kind was well calculated to raise the drooping spirits of those who have been living in hope, and panting with anxiety, during the last two years, for the consummation of a measure which was to carry with it place and patronage. It appeared to the school party of the College, that this would be a good opportunity for reducing the "boasted curriculum," to meet the views of the London College, inasmuch as such an arrangement would tend to fill *their* lecture-room, by inducing the Irish students, who have hitherto been in the habit of taking out their diplomas in the British Colleges, to remain at home, and go in for examination in the Dublin College of Surgeons in future.

The time had now arrived when the project of assimilating the three Colleges of Surgeons should assume an official form. It was accordingly agreed, by the anxious expectants, that the ceremony of convening a meeting of the College, though hazardous to their views, should be complied with, in order to deprive the malcontents of any arguments which they might urge at a future stage of the proceedings, on the score of secrecy or intrigue. There was much more tact than candour necessary to the successful management of the meditated private-public meeting; accordingly the following ingenious device was resorted to. Summonses were issued, in which it was merely announced, that the College would hold a meeting, on a certain day, "on business connected with the Medical Charities Bill;"

but there was not a single word said about the new project which was to be submitted to a packed meeting. Had that subject been mentioned in the summonses, its novelty might, perhaps, have attracted an inconvenient number of members, by which the wished-for unanimity would have been endangered, and premature publicity given to the well-devised plan, which, if carried into effect, would certainly reward its originators with the multitudinous advantages of place, patronage, and pupils! I am credibly informed that the meeting was very select, and composed of the necessary pliable materials; that the rash ambassador, according to rehearsal, told the tale of his achievements in London, which was listened to in solemn silence; and that the meeting finally agreed to appoint what was nicknamed an "Education Committee," whose functions were unsparingly to hew down the boasted "curriculum" of the Dublin College, in order to afford the London and Edinburgh Colleges no excuse for their vexatious opposition to the Medical Charities Bill, and its concomitant blessings! Well, the anti-education committee did their duty bravely, and brought up a report to the effect that, in order to secure the approval of the British Colleges, they would recommend, amongst many other *improvements*, that instead of a four or five years' study, as required by the present curriculum, *four* should be adopted as sufficient; and that, instead of three years' attendance on hospital practice, *three* winter sessions should be regarded as quite enough. Whilst the Dublin College, or, I should rather say, the predominant party of that corporation, thus turns upon itself, and stultifies its past proceedings, by conceding these two important points, as regards education, it confidently calculates upon insidiously obtaining advantages over the English and Scotch Colleges, which will be more than an equivalent for the concessions they are willing to make for the sake of *combination*.

I think it is but fair to communicate, through THE LANCET, what I have heard, from the best authority, are the *conditions* upon which the Dublin College means to *combine* with those of London and Edinburgh.

First. The Dublin College is to continue the school attached to it; whilst the others have no such appendage.

Secondly. That the British Colleges must pledge themselves that they will not recognise any hospital, school, or lecturer in Ireland, unless authorised to do so by the Dublin College.

Thirdly. That the contemplated act of combination must entitle the Dublin College to grant degrees or diplomas not only in surgery, but likewise in *pharmacy* and *midwifery*.

Should the London and Edinburgh Colleges agree to these conditions, the following would be the inevitable consequences. No Irish student would be foolish enough to graduate in those institutions, where he could get but one degree, whilst he could get three in Dublin for the same money. Should the conditions above specified become the law of the land, it is obvious that Dublin must at once become the greatest school of medicine and surgery in Europe. The English and Scotch students would feel it their interest to go there, not only to study, but, as we say in Ireland, to kill several birds with one stone, by taking out their *numerous* diplomas in the Dublin College of Surgeons. I have the honour to remain, Sir, your obedient servant,

ANTI-MONOPOLIST.

March 18, 1838.

LEEDS MEDICAL SOCIETY.

THE following letter from Mr. Wilson, on the part of the Leeds Medical Society, to the President of the British Association, has been forwarded to us for publication:—

Sir:—I am directed by the *Leeds Medical Society* to reply to your esteemed favour of last month, which was duly presented to their notice by Mr. Ikin, at their monthly meeting yesterday. The Society have given their full attention to your suggestions, and are happy to find that, on all material points, their opinions coincide with your own.

The objections urged by you against the Leeds Petition, are—1st. That it aims at too little; and, instead of seeking a radical cure for existing evils, confines itself to a temporary alleviation of a part of them; and, 2nd. That the clause (which you quote) relative to the liability of physicians who do not possess the Apothecaries' licence, is illiberal and contradictory to the grounds of our petition, as stated in the first clause.

Beginning with the latter:—I am glad to assure you that the Leeds practitioners never intended that the clause in question should be inserted; *neither does it stand in the Petition already presented to the Commons, nor in that preparing for presentation to the Lords;* but it was, unfortunately, *inserted, by mistake, in a few of the printed copies*, one of which, still more unfortunately, has been sent to THE LANCET, and so, I imagine, came under the notice of the *British Medical Association*. The mistake has been corrected however, *and the Leeds Petitions are without that clause*.

The Society fully agree with you as to the necessity of a *complete reform* in our existing medical institutions, and will gladly co-operate in any exertions required to obtain so desirable an object; but a considerable period must necessarily elapse before such a change can be effected; meantime quackery is greatly increasing; the diffi-

culty of getting into practice increases too, and educated men have the mortification of seeing *their* advantages enjoyed by prescribing druggists and impudent charlatans. The Society think that if their Petition were granted, an immediate benefit would be conferred on the profession and the public, while it would not at all interfere with any future improvement.

Having thus, as I hope, satisfied you as to our liberality of feeling upon this subject, the Society desire me to return their acknowledgments for the very gratifying and zealous manner in which the attention of the *British Medical Association* has been directed to their efforts. They earnestly hope that the Association will add their powerful influence in aid of the common cause. Their sole object in thus petitioning the Legislature is to have the practice of an honourable profession confined to men of education and competent skill, whether that education and skill have been acquired at one end of the kingdom or the other. With the warmest hopes that your exertions in the cause of science and justice will neither relax nor lose their reward, I have the honour to be, Sir, yours most respectfully, for the Leeds Medical Society,

GEORGE WILSON.

Leeds, March 2, 1838.

George Webster, Esq., M.D., Dulwich.

LIFE ASSURANCE CERTIFICATES.

REPLY OF MR. ROWE TO MR. SMITH.

To the Editor of THE LANCET.

SIR:—Allow me once more to trespass briefly upon your valuable columns, and reply to Mr. Smith's allusions to one of my letters on the remuneration of medical men for filling up the reference-letters from assurance companies. In the first place, I wish to premise that though my feelings, in this instance, are inimical to his, I write in the spirit of friendliness and good humour, and apply my remarks collectively to the whole profession, more than individually to him. The office to which I belong (the Mutual) is founded upon the only true and equitable principle to persons assuring their lives; its object is economy for the benefit of the assured, whose families receive an equal division of profits up to the day of their decease, therefore if a fee is saved, it is saved to the members generally, and not to proprietors, as is the case in offices founded upon proprietary principles.

Mr. Smith appears to have forgotten that all insurance societies appoint and pay their own medical officers in town and country; and therefore surely it is not just that they should remunerate both parties, though I have no doubt that the fee in every instance, if paid by the office, would eventually be reimbursed by the assured. I am certain Mr. Smith would not give an opinion, which to the best of his belief, is not based upon just and honourable grounds; and therefore, in this instance I infer that his judgment has been swayed by his colleague, and by the determination of his directors, to pursue a different line of conduct from the directors of other institutions. I cannot help thinking that the fruit of their experience will be loss and disappointment, as they will have many bad proposals for the sake of the fee, and of course the directors will remunerate the friend referred to as well as the doctor. Mr. Smith's interrogation whether I attend those patients gratuitously in 1838, who paid me in 1837, does not apply to the point, inasmuch as there is a wide difference between *one* act of disinterested kindness, and devoting oneself for *one* year to unrequited toil and labour.

Candidly speaking, here, and here only, rests the ground of my objection. I am proud of being one representative of a noble profession, proud of the tie of friendship which exists between myself and my patients, and I consider it inconsistent with this tie, and derogatory to our high character to squabble about a few pounds, which would enrich our pockets by detracting from our good name. Our anxieties and our labours have a claim upon the public, beyond the mere recompense of pounds and pence, and let us retain their best feeling, and our own mental respect, by upholding our independence and our liberality. I am, Sir, your obedient servant,

MATTHIAS ROWE.

24, Woburn-place, March 21, 1838.

ASSURANCE-OFFICE FEES.

To the Editor of THE LANCET.

SIR:—I quite agree with your correspondent, Mr. E. Smith, that medical men ought to be remunerated on giving an opinion upon the insurance of a life; and to meet Mr. Rowe's objection of fraud by the connivance of a medical man (a very improbable case), I would suggest that if the insurance is effected, the office ought to pay;—if not, the party seeking to insure his life. I have the honour to be, &c.

JUSTITIA.

March 20, 1838.

DRUGGISTS PRACTISING MEDICINE.

THE druggists of Halifax have published a "Reply" to the petition from 41 medical practitioners of that town, recently presented to the House of Commons, praying that druggists may be rendered liable, by law, to be summoned before magistrates for prescribing and practising medicine. The druggists (ten of whom have signed the "Reply"), denounce what they call the

"professional intolerance" of the medical gentlemen, and desire to "rest their claim to afford aid in cases of slight ailment, where individuals deem it inexpedient to apply to their medical adviser, upon its own justice." They declare themselves to be "a class of tradesmen who, in the main, are as respectable, in their sphere, as their accusers," and conclude with the following remarks:—

"The surgeons charge the druggists with being such ignorant persons, as greatly to endanger, and frequently to have occasioned, the loss of human life. It is not denied that several cases of death, the result of mistake, are recorded, and some of them are lamentably true; the surgeons have taken care that sufficient publicity should be given to such cases. On the part of the druggists it is, however, contended, that very much greater care has been observed for many years past (almost as far as human caution could go), to prevent the recurrence of such mistakes; and they believe, were the real truth to be known in every case, many of the misfortunes alleged to arise from the ignorance and carelessness of the druggists, would be found originating in the negligence of the unfortunate individuals themselves. But are there no fatal blunders committed by the 'legally authorised practitioners?' Unfortunately for their pretensions, and more so for the lamented victim of either professional ignorance or misconduct, or both, the county calendar, for the present assizes, furnishes a case sadly in point.

"We believe the substance of the grievance is, not that the druggists are too ignorant for what they undertake, or that they have done so much injury to their fellow-creatures, but that they have done, and are doing, *so much real good, at so low a cost, to the public.*"

In what consists, or what is the amount of, the "real good," meaning, of course, the good which they effect as men possessing a scientific knowledge of the effects of medicine on disease, the remonstrants do not attempt to state. They add, that a counter-petition will shortly be presented for signatures to the public, "whose interests," they say, "will, in this matter, be more seriously affected than those of any particular class of tradesmen can possibly be, by the proposed restriction."

DRUGGISTS ATTEMPTING TO PRACTISE MEDICINE.

NEGLECT OF DISPENSARY PATIENTS.

To the Editor of THE LANCET.

SIR:—The following letter, as near as I can recollect, for I omitted to copy it, I sent a few days back to the coroner of Liverpool. The subject to which it relates is a very important one.

In Liverpool, and I learn it is pretty much the same elsewhere, we have not only the prescribing druggist, the tooth-drawing druggist, the bleeding druggist, the bone-setting druggist, and the wound-dressing druggist, but we have also the visiting druggist, the accoucheur druggist, and the druggist who occasionally steps from behind the counter to flourish the scalpel. The picture is grievous and humiliating.

There is yet a remedy for the evil. Let medical men institute legal proceedings against the druggist, or other improper person, by whose meddlesomeness and ignorance in the treatment of disease, death has been the consequence. If the law, in its present condition, will not reach the offending party in all cases, the exposure of the imposture will. Experience and observation must, sooner or later, have their due influence on all classes of society. A few examples similar to that set by Mr. J. I. Ikin of Leeds, to whom the thanks of the profession are justly due, will have a powerful effect. Your very obedient servant

THOMAS WEATHERILL, M.D.

Liverpool, Feb. 21, 1838.

"To the Coroner of Liverpool.

"SIR:—A death occured late last evening in a child seventeen months old, belonging to Richard Luscott, 60, Circus-street, Liverpool, which, I imagine, calls for your interference.

"In any instance where death can fairly be traced to the officiousness of practising druggists, I hold it to be no excuse for the druggist to urge, in extenuation, that the case was placed in his hands by the only party who had a right to the disposition; for, in a very large majority of instances, the afflicted are led to seek relief of the pretender from ignorance of his capacity, and are imposed upon by false representations. It is high time that the career of the druggist, in this way was checked. The above death offers a good opportunity to bring the evil before the public; an inquest would produce a verdict condemnatory of the practice, and operate as a warning. It involves parties belonging to a shop long known for meddlesomeness in the treatment of disease, and forms one out of many cases which have fallen under my own observation of a similar kind.

"I was called to the child a few hours before its death, and shall be very glad to render you all the assistance in my power. Your obedient servant,

"THOMAS WEATHERILL, M.D.

"To P. F. Curry, Esq., Coroner."

THE INQUEST.

The Coroner responded by holding an inquest, and an order was sent me to institute a post-mortem examination, and the druggist was summoned to appear at the inquisition.

The mother of the child stated in evidence, that, in consequence of her child appearing unwell, she applied to the druggist, who gave her medicine, and under whose care the child was for about *eight days;* but getting worse, she took it to the *North Dispensary*, where, after it had been seen by one of the doctors, she received some medicine. She sent, and applied *twice*, herself, afterwards on the same and on the following day, but *could not see the doctor;* and on her representing to one of the "young doctors" that the child was too ill to be removed, she was told that "the Dispensary doctors *did not visit children under four years of age*, and that, *if they did*, her's could not be visited *before Saturday!*" This was on the Wednesday, and the child died on Friday night in the same week.

After the writer (Dr. W.) had stated the appearances on dissection, and observed that the child had died from the effects of acute inflammation of the brain and its membranes, which the state of the gums, and the history of the case, left no doubt on his mind, had originated from severe dentition, he was asked whether he believed that the medicines which had been administered by the druggist had injured or hastened the death of the child? He certainly was not prepared to say that they had *caused* death, but in meddling with the case that person was not justified, and so far he was responsible for the result. That had the gums been freely divided in the early stage of the disease, and had that act been accompanied with other appropriate means, the great probability was, that the life of the child would have been spared.

The Coroner decided, however, that he could not, nor could the jury, on such evidence, implicate judicially the druggist, and thought they should find a verdict of "Died by the visitation of God." In his remarks to the jury, he took occasion to animadvert on the neglect which this case had received from certain parties of the Dispensary. He hoped there was some mistake in that part of the evidence of the child's mother, which informed him, that children below a certain age were not visited by the medical officers of the institution.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 17, 1838.

Dr. Williams, President.

DRUNKENNESS.—THE EFFECTS OF SUDDENLY LEAVING OFF SPIRITUOUS DRINKS.—TEMPERANCE AND TOTAL ABSTINENCE SOCIETIES; DEFECTS OF THEIR LAWS.

A PAPER was read by Mr. J. F. Clarke, on the above subject. The object of the author was to show that, in certain individuals in whom the use of stimulants had become habitual, a sudden and total relinquishment of them was liable to produce serious injury. He had been led to this opinion from having seen more than one case in which individuals, who had become members of total-abstinence societies, suffered to an alarming extent from relinquishing their usual stimulus suddenly. Though in every way friendly to the societies which have for their object the suppression of intemperance, as every friend of humanity must be, he thought, nevertheless, that the laws by which they were governed were by no means applicable to every case.

The author proceeded to show the debilitating effects produced by the excessive and long-continued use of alcoholic fluids, and pointed to the state of collapse which distinguishes the sober moments of the confirmed drunkard, a state, the continuance of which, in some cases, would produce serious mischief, "the functions of life being, as it were, suspended, while that which has become the artificial principle of life is withheld." Many cases were recorded in which the sudden relinquishment of opium-eating had produced mischief.

The nervous exhaustion which followed the indulgence of intoxication by opium, was analogous to that resulting from the abuse of ardent spirits, and the author detailed a case * in which a young woman had taken opium, in gradually increased quantities, for several years. When not under the influence of this agent, she was in such a state of mental and physical depression as to be almost helpless. At one period she became an inmate of one of the metropolitan hospitals, and the opium was withheld for three days, at the end of which time, the symptoms of collapse continuing, it was found requisite to resort to her usual stimulus. Attempts were subsequently made, with success, to diminish the quantity of opium, by the substitution of camphor and large quantities of port wine. At the time she left the hospital, she took only a teaspoonful of laudanum daily, but the sudden relinquishment of even this quantity, from necessity, produced a state of such extreme exhaustion that she was helpless, and became affected with a cough, which soon proved to be a symptom of phthisis. What effect had the sudden removal of the opium in this case on the development of the disease?

The author then referred to several other cases, both medical and surgical, in which the patient's life is put in jeopardy by the sudden abstraction of his usual stimulus, the employment of which was often found the most powerful agent in restoring health and strength. He considered that though persons on joining total-abstinence societies were generally in apparent health, in some instances the habit of spirit drinking had

* See Lancet, vol. ii., 1834-35, p. 684.

acquired so much influence over the system as to be relinquished with danger. The author referred to the opinion of several eminent writers on the subject. Dr. Rush considers "that persons who have been addicted to spirits, should abstain from them *suddenly* and entirely," and that "to obviate, for awhile, the debility which arises from the sudden abstraction of the stimulus of spirits, laudanum, or bitters infused in water, should be taken, and, perhaps, a larger quantity of beer or wine than is consistent with the strict rules of temperate living. By the temperate use of these substitutes for spirits, he had never known the transition to sober habits to be attended with any bad effects, but often with permanent health of body, and peace of mind. The only substitutes for alcoholic drinks, which the Total-abstinence Society would allow, would be the aqueous bitter, and the laudanum; would the first be sufficient, and might not the second lay the foundation for the baneful habit of opium-eating?

Dr. Cheyne and Dr. Trotter, who have both written on the subject of intoxication, agree with the opinion of Dr. Rush, but they do not consider that any substitute for the intoxicating agent is necessary to be taken. One of these writers compares a man suddenly leaving off the habit of drinking, to liberating a person from a dungeon in which he had been confined, in impure air, all at once; and Dr. Cheyne says, it were as reasonable for a man that has fallen into the fire or water to lie there because of the danger of moving him suddenly. The latter writer, however, admits that the departure from habits of intoxication, during sickness, is dangerous. In the Parliamentary inquiry into the effects of drunkenness, it is curious that only one question bearing upon the subject before the Society was asked. Dr. Dodds, the witness who answered this question, did not see any danger in the sudden and total relinquishment of intemperate habits; there would be some inconvenience, he said, but this would be remedied by a little medical aid. Drs. Garnett and Macnish agree in the necessity of gradually diminishing the quantity of drink, in cases where the use of it has resolved itself into a habit, and consider that it is quite evident that the frame must suffer, and in some cases seriously, by the sudden and total discontinuance of the stimulus. The author was of this opinion, and thought, though the laws of the excellent Society he had alluded to might meet the majority of cases, that, in some instances, the enforcement of them would tend to injury. We had a good example of the safety with which an habitual stimulus might be gradually diminished, in the case of the English opium-eater, who, at one time, took as much as much as eight thousand drops of laudanum daily, but, by gradually diminishing the dose, suffered no inconvenience when he left off the habit entirely. Dr. Trotter sneers at the case related by Dr. Lettsom, in which a man was cured of drinking by gradually diminishing the capacity of his dram-glass, by letting a drop of melted sealing-wax fall into it after each dose, a plan of proceeding, in the author's mind, quite as philosophical as the wholesale assertion of Dr. Trotter.

Mr. Snow considered that Dr. Trotter was correct in his opinion. It had been ascertained that confirmed drunkards imprisoned in the Penitentiary at Geneva, where they had no opportunity of procuring ardent spirits or other intoxicating drinks, not only did not suffer, but grow healthier and stronger. From inquiries which he (Mr. Snow) had made from the secretaries of the *Guardian Asylum*, Leeds, from the *Temperance Society* at York, and the Leeds *Total Abstinence Society*, he felt convinced that suddenly relinquishing the practice of drinking intoxicating liquids was not injurious. In the societies he had alluded to, in which there were many thousands, not a single case of illness had been attributable to leaving off an accustomed stimulus.

Mr. Arthorp had seen many cases in which the suddenly relinquishing stimulating drinks was injurious. He had noticed, when clinical clerk in the *Royal Infirmary* at Edinburgh, that the worst cases of delirium tremens frequently arose from this cause. He also related two cases in which the sudden removal of even a small quantity of malt liquor as an article of diet had been followed by so much debility as to require its being again resorted to after a short period, the patients rapidly regaining their health and strength.

Mr. Streeter made some general observations on the ill effects of intemperate habits. Medical men were the greatest promoters of temperance in eating as well as drinking, and could not therefore be suspected of countenancing anything like intemperance. Regarding the effects of relinquishing stimulants suddenly, he had seen a few cases of influenza occurring in persons who were in the habit of drinking three or four glasses of brandy and water daily, in whom the symptoms of delirium tremens became manifest in the course of three or four days, and proved fatal. He had seen several cases of delirium tremens from suspended stimulus, and these of the most obstinate character. He remembered the case of a man who was committed to the treadmill for three months for keeping an illicit still; he had been an habitual drinker, but never suffered himself to get drunk. The effects of the sudden removal of this stimulus, and its suspension for three months, were followed by the greatest debility, which he (Mr. Streeter) had ever witnessed in the absence of organic disease; in fact, the life of the man was in jeopardy.

Cases no doubt could be related in which the suddenly relinquishing an habitual stimulus was productive of no mischief, and others, where this proceeding was followed by injurious effects. He believed that a person who had gradually accustomed himself to the use of ardent spirits, could not suddenly leave off his stimulus with so much safety as could that person who gets drunk at intervals.

Dr. WILLIAMS spoke of the evils of intemperance, and considered that they were not likely to cease with the present generation, but would be transmitted from father to son. He wished well to the laudable societies which had for their object the suppression of intemperance, but he thought they did not in all cases direct their plans so as to do the greatest amount of good. Regarding the effects of fermented liquors on the human body, the question must be looked upon in two ways: in what cases they were beneficial, and in what cases detrimental; now, in the laws of the *Total Abstinence Society*, the members were not allowed to use fermented liquors without the advice of the medical practitioner; he (Dr. W.) thought the use of them should be left to the discretion of the individual; he considered that in great towns where the physical strength was taxed beyond the powers of the system, a slight degree of excitement was necessary to carry on the functions properly; one or two glasses of wine, or one glass of malt liquor daily, would be necessary in a state of society so artificial as it is at present. There was no case probably in which abstemiousness was considered more essential than in inflammation of the lungs, yet it had been found in a Parisian hospital that persons who suffered from this disease, and who had been in the habit of drinking to excess, might be allowed a certain amount of their usual stimulus with advantage. M. Chomel had noticed that cases of peripneumonia occurring in persons who drank, did not bear bleeding, typhus and low delirium quickly following. He was led to the suspicion that these symptoms resulted from the withdrawal of the accustomed stimulus; accordingly in these cases he gave small quantities of wine and diluted spirit. He has saved two-thirds of his cases, whereas by the other mode he never saved one. It was well known that in surgical diseases, where there was any mechanical injury, it was necessary for a due degree of action to be kept up; he believed that when a person was in the habit of daily taking a large quantity of spirituous liquors, whether intoxication was produced or not, so great a derangement of the system might, in some cases, be the consequence of suddenly leaving off the drink as to render the proceeding unsafe. Regarding the medical treatment which Dr. Dodds said, in some cases, would be required on the sudden removal of an habitual stimulus, this, no doubt, would consist in giving some stimulant or tonic medicine as a substitute for the spirit.

LONDON MEDICAL SOCIETY.

Monday, March 27, 1838.

THE discussion this evening chiefly related to the often-argued question, as to whether the brain contains more blood at one time than another. The facts brought forward on both sides of the question appeared in THE LANCET of last year, in a report of the proceedings of this Society,—Dr. JOHNSON, we think, spoke truly, when he said, that he had heard the subject discussed in that Society twenty times before, and that it was now threadbare. He had never known it in one instance, tend to any practical or useful result, nor did he perceive that it ever could, for members seemed still to retain their own opinions, and the numbers were pretty equally balanced.

BRITISH MEDICAL ASSOCIATION.

THE following gentlemen, since last notice, have been admitted members of the Association.

Samuel Mitchell, Esq., Kingston-upon-Thames.
Nicholas M'Cann, Esq., Parliament-st.
John William Potter, Esq., Ongar, Essex.

The following gentlemen were appointed as a Sub-Committee on the Poor-Law question, to procure and arrange evidence preparatory to coming before the House of Commons, viz.:—

Thomas Wakley, Esq., M.P.
M. W. Hilles, Esq.
W. Farr, Esq.
R. Davidson, Esq.
John Lavies, Esq.

N.B. All communications relative to the Poor-Law evidence, to be addressed, pro tem., "To the Poor-Law Committee,"

M. W. HILLES, Esq.,
7, Duke-street, Westminster.

VENEREAL HOSPITAL, PARIS.

M. RICORD has been long in the habit of giving gratuitous advice on Tuesdays and Fridays, at the Hopital du Midi, to persons affected with the venereal disease. Notwithstanding the surveillance of the police, and the frequent inspections made by visiting physicians, syphilitic maladies are sufficiently abundant in the French capital to furnish a crowd of applicants for medical aid at the Venereal Hospital on the above-mentioned days. The following is but a

bare sketch of the practice generally adopted by M. Ricord:—

1. In cases of simple excoriation and superficial inflammation of the glans penis, he orders the patient to wash himself several times during the day, with a solution composed of

Acetate of lead, 1 drachm;
Water, 8 ounces.

2. During the acute stage of gonorrhœa, when the pain is severe and the scalding troublesome, he applies 25 leeches to the perineum, and orders baths, cataplasms, &c., and in order to mitigate the painful erections, he gives,

Camphor, 2 scruples;
Extract of opium, 8 grains;

divide into 16 pills, two to be taken every evening.

When the disease has passed to the chronic stage, M. Ricord orders

Powdered cubebs, 4 ounces;
Peroxide of iron, 2 drachms;

a powder to be taken every day; in addition, the patient is directed to inject, four times a day, a fluid composed of

Distilled water, 8 ounces;
Nitrate of silver, 2 grains.

Finally, when the running is of very long standing, and constitutes what is called an old gleet, he makes the patient inject the following solution,

Red wine, 6 ounces;
Tannin, 20 grains.

The regimen, during the acute stage, is mild and mucilaginous. Drinks are frequently administered.

3. *Chancre.*—In every case of ulceration which succeeds intercourse with a suspected female, M. Ricord destroys the surface of the sore with nitrate of silver.

4. *Bubo.*—If the patient be affected with bubo and chancre at the same time, M. Ricord has immediate recourse to the mercurial treatment; his favourite remedy is the proto-ioduret of mercury. Venereal vegetations are simply excised with the scissars, M. Ricord not approving of cauterisation, the plan generally adopted by other surgeons.—*French Lancet*. No. 33, 1838.

ENGLISH PHYSICIANS IN FRANCE.

The affair of the English physicians at Boulogne has terminated in the condemnation of Drs. Carter, Scott, Shuter, Allatt, and Galbraith, to the payment of a trifling fine, which, however, is equivalent to an interdiction from practising medicine in France. This decision has naturally been very unsatisfactory to the English residents at Boulogne, who have forwarded a petition to the King of the French on the subject; but their application will, probably, be of no avail, for we have been informed that, at a recent meeting of the Senate of the University of France, not less than ten demands from foreign physicians for permission to practise, have met with a derided refusal. A leading French medical journal suggests, that physicians furnished with diplomas from any foreign university or chartered body, should be immediately admitted to the final examination (at a reduced fee) before the Faculty of Medicine of Paris. This appears to be the only feasible way of compromising the matter.

FOREIGN MEDICAL BIBLIOGRAPHY.

Burdach (R. F.) The second volume of a second enlarged edition of Burdach's great work on Physiology has just appeared; it contains contributions by Baer, Rathke, and H. F. Meyer. The first volume of a third edition of "Müller's Physiology" appeared some time ago, or nearly at the same time as Dr. Baly's translation of the second edition. Dr. Baly's notes supply several of the additions. Jourdain's French translation of the first edition of Burdach has now lost much of its value.

Geiger's Manuel of Pharmacy (*Handbuch der Pharmacie*). A new edition of Geiger's invaluable work is now being published. The first book is edited by Liebig; the second, containing Pharmaceutical Mineralogy, Botany, and Zoology, by Nees von Esenbeck, of Bonn, and Morquart.

Kuhnholtz (H.). *Cours de l'Histoire de la Medicine et de Bibliographie Medicale; fait en 1836, dans la Faculté de Médicine de Montpellier*, 8vo. Such a course is much wanted in the schools of this country, where medical literature is but little cultivated. This is partly owing to the imperfect state of the medical libraries. The subscription libraries should be greatly enlarged in all the principal towns, and rich members of the profession should be called upon to contribute largely to institutions which are so indispensable to the accomplished practitioner.

Cruveilhier (*Anatomie Pathologique du Corps Humain*, &c). Nos. 26, 27, in fol. Each number of this work contains 13½ sheets, and 10 lithographic engravings, each number 11 francs. This valuable and elaborate work will extend to 40 numbers.

Meli (D.) *Trattato delle Febbri Biliose*. A new edition, with a preliminary dissertation, and several additions, by Sormano.

TO CORRESPONDENTS.

The publication of *Mr. Miller's* excellent paper is unavoidably delayed for a week. We are also compelled to postpone, until our next number appears, a report of the trial of Spilling, as well as numerous communications from various quarters, the greater part of which we shall be able to insert in The Lancet of April 7.